

3-1-2002

# A Description of Female, Adult Recreational Drug Users: A Sub-Analysis of the Drugnet Survey

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A DESCRIPTION OF FEMALE, ADULT RECREATIONAL DRUG USERS:  
A SUB-ANALYSIS OF THE DRUGNET SURVEY

A Thesis  
Presented to  
The Faculty of the Department of Public Health  
Western Kentucky University  
Bowling Green, Kentucky

In Partial Fulfillment  
Of the Requirements for the Degree  
Master of Public Health

By  
Leslie Luttrell Bickett

March 15, 2002



**A DESCRIPTION OF FEMALE, ADULT DRUG USERS:  
A SUB-ANALYSIS OF THE DRUGNET SURVEY**

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# A DESCRIPTION OF FEMALE, ADULT RECREATIONAL DRUG USERS:

## A SUB-ANALYSIS OF THE DRUGNET SURVEY

Leslie Luttrell Bickett

March 15, 2002

88 Pages

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Drug abuse can be a serious, chronic, and relapsing health problem for both men and women. Among women, however, drug use and abuse present an array of different challenges to health and well-being. In addition, the health of women has been given less attention than the health of men.

Little research has been conducted to identify and describe the invisible or hidden population of drug users, not abusers, who are not in treatment or incarcerated on drug-related charges. The purpose of this study is to provide a descriptive and behavioral profile of adult, female, recreational drug users (i.e., not abusers).

The instrument utilized for data collection and analysis was the on-line DRUGNET survey. Data was collected from volunteer, female subjects who completed the survey during 1997 and 1998 and who considered themselves to be “healthy, successful adults who occasionally use drugs.” Mental health was assessed utilizing the General Well-Being Schedule (GWBS). Findings of this study support suggest that the overall health, happiness, and well-being of female, adult, recreational drug users does not appear to differ from the overall health, happiness, and well-being of the general, female, adult population.

## Chapter One

### Introduction

Drug use is common in today's society as it has been for generations. Some drugs are legal and considered socially acceptable, while others are illegal or illicit and are not only considered socially unacceptable but also their ownership or sale is punishable by law. Some drugs are contained in household products that are used by millions of people across the country every day, such as caffeine in coffee and soft drinks and alcohol in various alcoholic beverages. Some drugs such as alcohol and tobacco products are legal for individuals to purchase once they have reached a certain age.

Proven health effects do not necessarily correspond to the legality and availability of drugs. It is commonly known in the public health arena that tobacco kills more people annually than all other drugs combined. Yet, it is legal for persons 18 years old and older to purchase and to use tobacco products, and until recently was quite socially acceptable. The same statement can be said of alcohol use. While alcohol use is legal and socially acceptable in the American mainstream culture, its consequent effects such as motor vehicle fatalities and violent crimes far outnumber those caused by illegal drug use.

Many people view drug abuse and addiction as strictly a social problem. Community members tend to characterize people who take drugs as morally weak or as having criminal tendencies. They believe that drug abusers should be able to stop taking drugs if they are willing to change their behavior.

Although the process that leads to drug addiction and abuse does begin when an individual makes a conscious decision to use drugs, it is not just "a lot of drug use." This

myth has been replaced with recent scientific research that provides evidence that not only do drugs interfere with normal brain functioning creating powerful feelings of pleasure, but they can also have long-term effects on brain metabolism and activity. At some point, depending on the individual, changes occur in the brain that can turn drug abuse into addiction - a chronic, relapsing illness that affects many people and has wide-ranging social consequences (National Institute on Drug Abuse, [NIDA], 1999 [On-line: <http://www.nida.nih.gov/Infofax/understand.html>]).

The Department of Health and Human Services (HHS) plays a key role in the United States federal government's substance abuse strategy, providing leadership in drug abuse research, prevention and treatment. HHS funding accounts for about 52 percent of the federal government's drug reduction activities and is increasing its resources dedicated to preventing youth substance abuse. HHS is responsible for three major drug surveys: (a) The Drug Abuse Warning Network (DAWN) survey, (b) the Monitoring the Future Study (MTF), (c) and the National Household Survey on Drug Abuse (NHSDA), a project of the Substance Abuse and Mental Health Services Administration (SAMHSA). DAWN records drug-related hospital emergency-department episodes and drug-related deaths; MTF monitors teenage students' self-reported drug use in the 8th, 10th and 12 grades; and NHSDA monitors trends in illicit drug, alcohol and tobacco use and attitudes about drugs among Americans age 12 and older (SAMHSA, 2000 [On-line: <http://www.samhsa.gov/oas/000831householdfs.htm>]).

According to the National Household Survey, there has been a significant, small downward trend in illicit drug use among youths age 12-17 over the past three years.

Illicit drug use generally remained flat in 1999 among the overall population aged 12 years and older. The 1999 National Household Survey's results of general stability and slight decline in illicit drug, marijuana and cigarette use among teenagers is similar to findings from the Monitoring the Future Study. NHSDA national trend data shows that the total number of current (at least once in the past month) illicit drug users age 12 and older in the U.S. has remained level since 1992. An estimated 14.8 million Americans (6.7 percent of those 12 years and older) were current users of illicit drugs in 1999, which was half the 1979 peak level of 25 million current users (SAMHSA, 2000[On-line: <http://www.samhsa.gov/oas/000831householdfs.htm>]).

A source of data concerning current trends in drug use worldwide is the Community Epidemiology Work Group's (CEWG) June 1997 meeting. Researchers presented data from 1995 and 1996 that illustrated emerging drug abuse problems in the United States and other countries and regions of the world. Highlights from those data include the following: (a) Cocaine use decreased in 17 of the 21 CEWG areas in 1995 to 1996; (b) heroin use increased in 17 of the 21 CEWG areas from 1995 to 1996; (c) marijuana use continued to increase both nationally and in almost every CEWG area in 1995 and 1996; and, (d) methamphetamine use patterns varied across the country in 1995 and 1996 with an increase in use in some areas of the western continental United States and Hawaii and decreased in use in two high-use cities - San Diego and Phoenix. (NIDA, 1997 [On-line: [http://www.nida.nih.gov/NIDA\\_Notes/NNVol13N2/Trends.html](http://www.nida.nih.gov/NIDA_Notes/NNVol13N2/Trends.html)]).

Although substance abuse trends have flattened or are declining in recent years, costs to society are rising. Each year, illicit drug-and alcohol-related abuse kills more than



120,000 Americans and cost taxpayers nearly \$276 billion annually in preventable health care costs, crime and lost productivity, auto crashes, and extra law enforcement (SAMHSA, 2000 [On-line: <http://www.samhsa.gov/oas/000831householdfs.htm>]). Of these 120,000 deaths, 100,000 to 105,000 are from alcohol abuse, and the remaining 10,000 to 15,000 are from illicit drug abuse. This is a substantial increase from the findings of a 1992 study prepared by The Lewin Group for the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism that estimated the total economic cost of alcohol and illicit drug abuse to be \$245.7 billion for 1992. This study also demonstrated that the 1992 cost estimate increased 50 percent over the cost estimate from 1985 data (NIDA, 1999 [On-line: <http://www.nida.nih.gov/Infobox/costs.html>]).

#### Purpose of the Study

The purpose of this study was to provide a descriptive and behavioral profile of adult, female, recreational drug users (i.e., not abusers). The instrument utilized for data collection and analysis was the DRUGNET survey developed by Thomas Nicholson, Ph.D., M.P.H., John White, Ph.D. and David Duncan, Dr. P.H. This study describes a rarely researched subset of the hidden, adult, drug using population (i.e., women) through an analysis of the 1997 and 1998 data sets from the DRUGNET survey.

The DRUGNET survey was developed to describe adult, illicit drug users and to understand how occasional recreational drug use, not drug abuse, among healthy, successful adults affects their lives, either positively or negatively. The survey was designed to be completed by individuals who consider themselves to be “healthy,

successful adults who occasionally use drugs” (Nicholson, White & Duncan, 1999).

According to Nicholson et al. (1999), the DRUGNET project provides a picture of an understudied and largely invisible population.

The World Wide Web (WWW) provides an untapped resource for implementing an anonymous questionnaire on sensitive issues. Nicholson et al.(1999) chose to utilize this medium for the following reasons: (1) The WWW makes it possible to reach a widespread audience not only nationwide but internationally as well and at a minimal expense; (2) DRUGNET’s target population and the population utilizing the Internet of the WWW are similar in that both are characterized as well-educated, professionals and successful individuals (Find/SVP 1996); and, (3) respondents may tend to be more honest in reporting their drug use when interviewed via computer rather than by a human (Kobak, Taylor, Dottl, Greist, Jefferson, Burroughs, Mantle, Katzelnich, Norton, Henk, & Serlin, 1997; Turner, Lessler, & Gfroerer, 1992).

### Need for the Study

While other sub-analyses of the DRUGNET survey have been undertaken, none have focused exclusively on drug use by women. A sub-analysis focusing exclusively on female recreational drug users is needed in order to provide a profile of this population.

Information about these women, including their demographic and lifestyle characteristics, drug-using behaviors, mental well-being, past legal history, and attitudes about drug policy will all be assessed in this profile. After this profile has been developed, it may then be compared to those of the general, female, adult population in other studies such as in the HANES study and the DRUGNET pilot study.

According to Nicholson, White and Duncan (1998), the DRUGNET survey was needed due to the fact that most recent investigations have focused entirely on youth and/or persons in prison or in treatment for drug abuse. Little research has been conducted to identify and describe the invisible or hidden population of drug users, not abusers, who are not in treatment or incarcerated on drug-related charges. Analyses of the DRUGNET survey should give researchers some insight into those characteristics possessed by adult, recreational drug users who remain functional and successful in their careers and everyday lives. Also, when compared with other studies of drug abusers, there may be new insights into factors that may influence a person to use rather than abuse drugs.

The 1994 Conference on Drug Addiction Research and the Health of Women revealed much information about what has been learned over the past several decades; however, much remains to be done. Loretta P. Finnegan, (1998) states:

The health of women is a vital issue, but it has been given less attention than the health of men. The concerns of women must be raised to a higher level among other national priorities and afforded not only dignity but also a solid scientific basis (p. 3).

The need for research focusing on women and drug use has been emphasized by the Office of Research on Women's Health (ORWH), which promotes a multidisciplinary approach to the study of all women's health issues and serves as the focal point for biomedical and behavioral research related to sex and gender differences and gender issues across the activities of the National Institutes of Health (NIH). In 1990, the ORWH was

given a threefold congressional mandate to

1. Strengthen, develop, and increase research into diseases, disorders, and conditions that affect women; determine gaps in knowledge about such conditions and diseases and establish a research agenda at NIH for future directions in women's health research;
2. Ensure that women are appropriately represented in biomedical and biobehavioral research studies, especially clinical trials, that are supported by NIH;
3. Create direct initiatives to increase the number of women in biomedical careers and to facilitate their advancement and promotion.

Thus, this mandate stimulated research on conditions that affect both women and men in an attempt to more fully understand sex and gender issues in prevention and treatment (Pinn, V., 1998).

It is anticipated that this sub-analysis of the DRUGNET survey will provide needed information that may aid researchers in understanding women's health issues as they pertain to recreational drug use. For example, exposure during pregnancy and the potential effects on maternal and conceptus health are unique to females. This study will fill a notable gap in the published research literature.

#### Research Question

The research question for the sub-analysis of the DRUGNET survey is as follows: "What is the demographic profile, drug usage patterns, past legal history and mental well-being of female, adult, illicit recreational drug users who completed the DRUGNET survey between January 1997 and December 1998.

### Delimitations

This study was delimited to those adult females with Internet access who chose to complete the DRUGNET survey from January 1997 through December 1998.

### Limitations

This study has several limitations. First, because the survey must be completed using a computer via the World Wide Web, a large segment of the population (i.e., those who do not have access to a computer with Internet capabilities) will not be represented.

Therefore, the results of this investigation can not be generalized to the general public.

Secondly, because participants are self-selected or volunteered to complete this survey, they may not be representative of the drug-using community or the population who uses the Internet.

### Assumptions

The following assumptions were made during the course of this study:

1. It is assumed that participants will answer the survey questions truthfully;
2. It is assumed that participants will be able to follow the directions for completing the survey (using tutorials if necessary) and will complete all sections pertaining to them;
3. It is assumed that subjects participate voluntarily, without coercion of any kind; and,
4. It is assumed that participants complete the survey in the interest of research and “the betterment of mankind” since the survey is anonymous and no incentives, financial or otherwise, were dispensed for inclusion in the project.

## Definitions

The following are definitions of terms used throughout this thesis:

1. **Drug** - Any substance that has mind-altering properties or in other ways interacts with and modifies the structure and function of the body (Wilson & Kolander, 1997);
2. **Drug abuse** - Chronically consuming a drug in a way that will probably be harmful to health, psychological well being, or social functioning. Drug abuse usually coincides with addiction, but not always (Wilson & Kolander, 1997);
3. **Drug use** - Controlled consumption of a drug, in terms of frequency and quantity, where the persons sought for effects are experienced without significant toxic, adverse physical or psychological consequences (Irwin, 1973; Glantz, 1992);
4. **Health** - A state of complete physical, mental and social well being and not merely the absence of disease or infirmity (World Health Organization, 1947);
5. **Successful** - 1: resulting or terminating in success: having the desired effect; 2; having or having gained success. *esp*: having gained wealth, position, or fame (Webster's Third New International Dictionary, 1986); synonyms: prosperous, fortunate, well-off, thriving, flourishing, victorious, triumphant, winning, providential, booming, lucky (Merriam-Webster Thesaurus, 1978).

## Chapter 2

### Review of Literature

Drug use in America is highly controversial with opinions varying regarding the consumption of alcohol, tobacco and other drugs. Many people view the use of alcohol, tobacco and illegal drugs as immoral and unacceptable. They see drug use, abuse and addiction as strictly a moral and social problem, and tend to characterize people who use drugs as morally weak or as possessing criminal tendencies. They think that drug users and addicts should be able to stop taking drugs if they are willing to change their behavior.

Others do not see drug use as right or wrong, but merely as a means of bringing pleasure or making a painful existence bearable. Because illicit drugs (i.e., cocaine, marijuana, heroin, methamphetamine, etc.) have not been openly used in mainstream American society, they were made illegal for most of the 20th century. Other drugs, such as alcohol and tobacco, have been associated with mainstream society and are more socially acceptable even though they have been proven to be harmful if abused. Thus, the legal status of various drugs has little to do with their relative hazards and is not a good barometer of risks associated with a specific drug (Wilson & Kolander, 1997). All drugs, whether licit or illicit, can be used and abused (Duncan, and Gold, 1982).

As noted earlier, drug use, a pattern of consumption of chemical substances, implies that the ingestion of drugs may not be harmful, and in fact may be helpful. Drugs, legal or illegal, are not intrinsically “bad.” Harm results when a person uses a specific drug at a distinct dosage, in a certain environment, mood or with a genetic predisposition to risk. The term drug use suggests that controlled consumption of illegal drugs is not “bad” or

hazardous. Many people cannot accept this description, especially some segments of the United States government. They claim that all drug consumption is abuse, since all drugs (especially illicit ones) in their opinion are bad (Wilson & Kolander, 1997).

This ideology helped promote America's War on Drugs, buttressed by Richard Nixon during his law and order candidacy for president in 1968, and was perpetuated into a real war during President Reagan's administration. The military, law enforcement agencies and the criminal justice system were given enhanced power and authority to apprehend and punish drug users. Nancy Reagan emphasized the extremist position of the Reagan administration when she said, "There is no moral middle ground. Indifference is not an option ... We want you to help us create an outspoken intolerance for drug use" (p. 5).

William Bennett, Ronald Reagan's drug czar, labeled drug users as bad, dangerous people with corrupt values who must be "weeded out" in the interests of society (Norris, Conrad & Resner, 1998). Nixon's get tough law and order approach had a major impact on the drug policy of today.

With more and more women leaving the role of traditional homemaker, both professionally and socially, they have come into contact with daily stresses and lifestyle options that as late as the mid-eighties were generally more available to men. Today women comprise one-third to one-half of all substance abusers (Greenleaf, 1989).

Women use all types of illicit drugs, but they use them less frequently than men. This statement is supported by data from the 1991 National Household Survey of Drug Abuse which indicated that among persons 12 years of age and older females were less likely than males to have ever used, or to have used in the past month, or the past year, any illicit



drug. Information from the 1999 NHSDA survey indicates that, as in prior years, men continued to have a higher rate of current illicit drug use than women (8.7 percent vs. 4.9 percent). However, the rates of nonmedical psychotherapeutic use were similar for males and females (1.9 vs. 1.7 percent) (Substance Abuse and Mental Health Services Administration [SAMHSA], 1999).

The 1999 NHSDA data concludes that males were also more likely to be dependent on illicit drugs (2.0 percent vs. 1.3 percent) and alcohol (4.9 percent vs. 2.6 percent) than were females. The rate of treatment for substance abuse was also higher for males (1.7 percent) than for females (0.9 percent) in 1999 (<http://www.samhsa.gov/oas/NHSDA/1999/Chapter2.htm>, 2000).

Though the rates of drug use among females are lower than among males, such use is not uncommon. Among women aged 18-34, their peak childbearing years, 53-57 percent reported using an illicit drug at least once in their lifetime, and illicit drug use in all three categories (current use, use in the past year, and lifetime use) is highest for this age group (National Institute of Drug Abuse [NIDA], 1991).

The Substance Abuse and Mental Health Services Administration found in their study conducted in 1995 that the lifetime rates of illicit drug use, drug abuse, drug dependence and alcohol abuse or dependence are lower for women than for men. Statistics of women's drug use during 1995 and 1999 include the following:

1. Thirty-three million out of 110 million women or nearly one in three women in the United States had used an illicit drug at least once in her life in 1995. The rate was approximately 45 percent for those in their childbearing years (15-44

years) (SAMHSA, 1996);

2. Nearly 5 million females had used an illicit drug at least once in the past month during 1995: 3.6 million had used marijuana; 440,000 had used cocaine; and nearly 2 million had used an inhalant (SAMHSA, 1996).  
In 1999, 7.9 percent of females aged 14 to 44 reported past month use of illicit drugs: 5.8 percent had used marijuana; .8 percent had used cocaine; .4 percent had used inhalants; .1 percent had used heroin; .6 percent had used hallucinogens; and 2.4 percent reported nonmedical use of any psychotherapeutic (SAMHSA, 1999).
3. An estimated 15 percent of all American women in their childbearing years (15-44 years) in 1995 were currently abusing illicit drugs or alcohol (SAMHSA, 1996);
4. Approximately 2.7 million American females older than 12 years of age had abused alcohol (SAMHSA, 1996). Sixteen to 21 percent of pregnant women reported using alcohol during pregnancy (SAMHSA, 1996). In 1999, 13.8 percent of pregnant women aged 15-44 reported using alcohol and 3.4 were binge drinkers. These rates are substantially lower than the rate for nonpregnant women of that age (49.3 percent and 19.4 percent, respectively) (SAMHSA, 1999).

The National Household Survey on Drug Abuse (NHSDA), an annual survey conducted by the Substance Abuse and Mental Health Services Administration, provides yearly estimates of drug use prevalence with data derived from a nationwide sample of

household members aged 12 and older. The NHSDA study made a number of conclusions on the extent of women's drug use in 1996:

1. More than 26 million women had smoked cigarettes, and more than 48.5 million had consumed alcohol;
2. Nearly 1.2 million females aged 12 and older had taken prescription drugs (sedatives, analgesics, or tranquilizers) for a nonmedical purpose during the preceding month;
3. Over 30 million (30.5 million) women had used marijuana at least once in their lifetimes. In the preceding month, about 603,000 women had used cocaine; 241,000 had used crack cocaine; and, 547,000 had used hallucinogens (including LSD and PCP).
4. About 56,000 women used a needle to inject drugs, and 856,000 had done so at some time in their lives (<http://www.nida.nih.gov/Infofax/treatwomen.html>, 1999).

Medically prescribed psychotherapeutic drugs (e.g., sedatives, tranquilizers, stimulants, and analgesics) are the major exception to the generalization that drug use by males exceeds that of females. Women have higher rates of anxiety and depression and seek medical treatment more often than men, especially for emotional problems. Consequently, psychotropic medications are prescribed for women nearly twice as often as they are for men (Schnoll & Weaver, 1998).

Female children are also socialized to expect to take drugs more than their male siblings. Sheila Blume, M.D., medical director of the Alcoholism, Chemical Dependency,

and Compulsive Gambling Program in South Oaks Hospital in New York, who specializes in female addiction, says, “Women are expected to be less self-reliant, more dependent on others, and takers of drugs. Women are twice as likely to get a prescription from a doctor, which is sad but true, and I think in this culture both sexes are socialized into that expectation. There have been studies in which people of both sexes were sent to a physician with the same complaint, and men got one kind of treatment and women got another. One of the experiments was for weight control. The men were prescribed diet and exercise, and the women received diet pills” (Greenleaf, 1989, p. 12).

Women, regardless of age, who reported that they had used psychotherapeutic drugs at some time in their lives, were more likely than men to have had the drug prescribed to them by a physician (Horton, J., (Ed.), 1992). In 1994, 1.2 million women had used prescription drugs for a nonmedical purpose (NIDA, 1994). This number is consistent with the 1996 NHSDA findings stated earlier (<http://www.nida.nih.gov/Infobox/treatwomen.html>, 1999).

Females over 18 years of age reported higher use of stimulants than did males (NIDA, 1994). Studies have shown that in the past women were twice as likely to receive prescriptions for amphetamines (i.e., mild stimulants and appetite suppressants) than were men (Kandall, 1998).

Often prescription drugs are used by women to alleviate anxiety, cope with depression, and manage the stressors of life in this complex society. Misuse of psychotherapeutic drugs may result in problems such as depression and argumentativeness (Horton, J. (Ed.), 1992). Women are more likely to become addicted to prescription drugs than men, and to

use them to medicate themselves to cope with anxiety, depression and painful reactions to life stressors (Horton, J. (Ed.), 1992).

Research also suggests that women may become more quickly addicted than men to certain drugs, such as crack cocaine, after experimental or casual use (<http://www.nida.nih.gov/Infofax/treatwomen.html>, 1999). Accumulating evidence in recent drug abuse research indicates that genetic factors associated with drug abuse are affected by gender and may not be identical for males and females (<http://www.womens-health.org/resstat/nihnda.htm>, 2000).

For example, recently an animal study at the University of Minnesota demonstrated that female rats acquire self-administration of cocaine and heroin faster than male rats. In addition, animal studies of the self-administration of several drugs including caffeine, cocaine, alcohol, morphine, and fentanyl have shown higher levels of intake in females than males (<http://www.womens-health.org/resstat/nihnda.htm>, 2000).

Another consideration of drug use unique to females is the possibility of harm or injury to an embryo or fetus. About half of women who use illicit drugs are in the childbearing age group of 15 to 44 years. In 1992/1993, NIDA conducted a nationwide hospital survey (viz., the National Pregnancy and Health Survey) to determine the extent of drug abuse among pregnant women in the United States. The survey found that

1. Of the 4 million women who gave birth during this period, 820,000 had smoked cigarettes and 757,000 drank alcohol products during their pregnancies. Illegal drug use was linked to cigarette and alcohol use. Thirty-two percent of those who reported use of an illegal drug also drank alcohol and

smoked cigarettes;

2. Two hundred twenty-one thousand women used illegal drugs during their pregnancies that year - marijuana and cocaine being the most prevalent. Rates of illegal drug use were higher among women who were not married, were not working, had less than 16 years of formal education, and relied on some public source of funding for their hospital stay;
3. Despite a generally decreasing trend in drug use, many women did not discontinue drug use;
4. There were prevalence differences among ethnic groups. When compared with African-American and Hispanic women, the estimated proportion of white women who used illegal and legal drugs during pregnancy was larger;
5. Age was also a determining factor in illicit drug use. Rates of marijuana use were highest among women under 25, and rates of cocaine were higher among those 25 and older (<http://www.nida.nih.gov/Infofax/pregnancytrends.html>, 1999).

The most recent National Household Survey on Drug Abuse data indicate that among pregnant women age 15-44 years, 3.4 percent reported using illicit drugs in the month prior to interview. This percentage is significantly lower than the rate among non-pregnant women (8.1 percent) of the same age group. Drug use among pregnant women decreased significantly with age. The rate among pregnant women aged 15-17 years was 7.5 percent; aged 18-25 years, the rate was 6.5 percent; and, for aged 26-34 years, the rate was 1.2 percent (<http://www.samhsa.gov/oas/NHSDA/1999/Chapter2.htm>, 2000).

Drug abuse can be a serious, chronic, and relapsing health problem for both women and men. Among women, however, drug use and abuse present an array of different challenges to health and well-being. This researcher will attempt to describe drug use patterns and their subsequent effects on the women's lives who have completed the DRUGNET survey during 1997 and 1998.

## Chapter 3

### Methods

The purpose of this study was to provide a description and behavioral profile of adult, female, recreational drug users (i.e., not abusers). Percentages of those self-described, non-abusive drug users who were found to have positive well-being, moderate stress levels, and severe distress will be reported. Comparisons to the reported General Well-being Schedule (GWBS) norms of the population using the findings of the HANES (1975), Fazio (1977) and pilot Drugnet (1996) studies were also done. The instrument utilized for data collection and analysis was the DRUGNET survey developed by Thomas Nicholson, Ph.D, John White, Ph.D and David Duncan, Dr. P.H. to describe adult, recreational drug users.

#### Research Question

The research question for the sub-analysis of the DRUGNET survey was as follows: “What is the demographic profile, drug usage patterns, past legal history and mental well-being of female, adult, illicit recreational drug users who completed the DRUGNET survey between January 1997 and December 1998.

#### Population

The target population of this study included the adult, female, recreational drug using subpopulation that use the World Wide Web and the Internet.

#### Sample Selection

The sample for this study was a self-selected, adult, female sample from among those users who are active on the Internet. The sample sought was one of nonabusive users



who describe themselves as, “happy, successful adults with stable home lives who occasionally used drugs.” The time frame of this sample selection was from January 1997 through December 1998 in which individuals were invited to complete an anonymous on-line survey. Respondents were solicited through various electronic mailing lists as well as by an article in an on-line magazine. All adult, female, American respondents completing the DRUGNET survey are described and compared to the reported GWBS norms of the general population gathered by the HANES (1975), Fazio (1977) and Drugnet pilot (1996) studies.

### Procedures

This study was a sub-analysis of the DRUGNET Survey. DRUGNET is a cross-sectional survey of adult, recreational drug users via the World Wide Web (Nicholson et al., 1999). The purpose of this research was as follows: (1) To collect exploratory data describing the characteristics of a hidden population of nonabusive, recreational users of illicit drugs; and, (2) to utilize the WWW in collecting the data to study this hidden population. Subjects were non-random, self-selected and voluntary. Participants were notified in the Informed Consent introductory section of the survey that although the developers have taken precautions to ensure confidentiality, the information they are sending out is not completely protected. A link to an anonymizer service was provided. Informed consent was implied when subjects complete the survey. A print copy of the informed consent form was available for subjects desiring one.

Utilizing the WWW to collect data has many advantages. Those advantages are as follows: (1) The ability to reach a diverse, nationwide and even international population at

minimal expense; (2) the desired subjects (persons not limited or impaired by their choice to use drugs) have access to and utilize this medium; (3) the assumption that people are more likely to be truthful when not being interviewed in person and anonymously; (4) the elimination or minimalization of the Hawthorne effect (i.e., bias due to the respondent being observed directly); and, (5) a quicker response rate and data analysis.

### Data Collection

Individuals were invited to complete an anonymous on-line survey between January 1997 and December 1998. Respondents were actively solicited via Usenet news group postings, mailing lists (e.g., Drug.Policy@wku.edu, a list that had been established to foster discussion about U.S. Drug policy), and serendipitously, through an article appearing in Wired, an online magazine (see <http://www.wired.com/news/news/cluture/story/7055.html>).

If interested in voluntarily participating in the survey, respondents would point their browsers to the study's web address (<http://wkuweb1.edu/~DRUGNET>), where the potential subjects had the opportunity to read about the purpose of the survey, a brief description of the questions contained in the survey, time required to complete the survey, instructions for full or partial completion of the survey, and security measures regarding anonymity of participants. This section also contained links to a short tutorial for those unsure how to use the radio button or text areas and an anonymizer service ([www.anonymizer.com](http://www.anonymizer.com)), and a click-on choice of whether to complete the survey or to decline to participate. Users were also presented with a statement of informed consent that advised them that by accepting to complete the survey, they were providing the

researchers with permission to use their answers and comments.

In order to ensure anonymity of subjects (as much as is possible on the Internet), a random number was assigned to each participant. Each ID number was made unique by removing all non-numeric characters from their Internet Protocol (IP) address.

The DRUGNET Survey itself was an Hypertext Markup Language (HTML) 2.0 compliant document. Coded responses handled by Cold Fusion ([www.alaire.com](http://www.alaire.com)), a product that takes output from HTML forms and translates it into an existing database file by handling System Query Language (SQL) queries and actions, made responses available for analysis as subjects completed the survey (Nicholson et al., 1999).

Participants were instructed to answer only those questions concerning the psychoactive (or recreational) drugs they had experienced. They were also asked to answer questions about themselves that would define their demographic profile and about how participants are feeling mentally as they take the survey. The survey contained a series of questions about an individual's experience with using drugs in the following categories: alcohol, marijuana, depressants, cocaine, other stimulants, hallucinogens and opiates. The DRUGNET Survey was also composed of three other sections including past legal experiences and opinions, a demographic section and the General Well-being Schedule (see Appendix A for a print copy of the survey).

### Instrumentation

The DRUGNET Survey is a questionnaire composed of four components: (1) Demographic and lifestyle indices (i.e., age, gender, race, education, household income, marital status, recreational activities, physical health, religiosity, voting behavior,

spirituality, citizenship/residency, employment, and community participation), (2) drug experiences (i.e., questions regarding the individual's usage of drugs in the seven previously mentioned categories), (3) past legal history and attitudes about drug issues, and (4) the General Well-being Schedule (GWBS) (i.e., self-perception of well-being and distress). Question formats were varied and included fill-in-the blank, short essay, multiple choice, multiple response, and Likert scale.

The GWBS is a brief, reliable (i.e.,  $r = .85$  for test-retest correlation coefficient) and valid self-report measure of mental well-being for use in population surveys that was developed for the National Center for Health Statistics and was initially used in the U.S. Health and Nutrition examination Survey (HANES I). Scores range from 0 to 110, with higher scores indicative of better well-being (Fazio 1977).

#### Data Analysis

The analysis describes the personal attributes, the drug-taking behavior, the past drug- or violence-related legal history, and the overall mental well-being of the sample. Subjects received a GWBS score based on the method of scoring used in the original HANES (1975) study. The percentage, mean score, standard deviation and range of each question item will be reported and discussed. Comparisons to the reported GWBS norms of the population using the findings of the HANES (1975), Fazio (1977) and pilot Drugnet (1996) studies will also be made.

## Chapter 4

### Results

#### Description of Study Sample

In 1997 and 1998, a total of 288 adult female, United States citizens participated in the DRUGNET survey. The data set was screened to exclude male and international subjects. The current mean age of these individuals was 28.0 years (Range 18 to 61; SD = 8.88). The racial/ethnic mix of the sample was overwhelmingly Caucasian (n = 244 or 85.3%). The other categories (i.e., Asian, African American, Hispanic/Latino, Native American, Pacific Islander, and Other) accounted for only 14.5% (n = 42) of respondents (n = 2 missing data). The median yearly household income category was \$30,000 to \$49,999 (n = 8 missing data). DRUGNET subjects reported their household incomes as follows: (a) < \$10,999 - 11.4% (n = 32); (b) \$11,000 to \$29,999 - 22.9% (n = 64); (c) \$30,000 to \$49,999 - 25.4% (n = 71); (d) \$50,000 to \$69,999 - 17.9% (n = 50); (e) \$70,000 to \$89,999 - 9.6% (n = 27); (f) \$90,000 to \$109,999 - 4.3% (n = 12); and, (g) \$110,000+ - 8.6% (n = 24). Of the sample subjects, 159 (56.2%) were employed full-time; 65 (23.0%) worked part-time; 36 (12.7%) were self-employed; and, 23 (8.1%) were unemployed (n = 5 missing data). It should be noted that 93 (32.7%) were currently attending college (n = 4 missing data). The majority of respondents had spouses who worked - 164 (88.6%) vs. 21 (11.4%) who had non-employed spouses (n = 103 missing data). The majority of participants also felt that they had enough income to satisfy their lifestyle needs - 218 (77.6%) vs. 63 (22.4%) who did not feel this way (n = 7 missing data).

Data on the respondents' marital status and level of educational attainment are

presented in Table 1. The majority of the respondents were either married (34.8%) or had never been married (34.1%). The marital status of the remaining subjects was as follows: 9.8% were divorced or separated; 1.4% had been widowed; and, 19.9% were living together (n = 1 missing data). Table 1 indicates that this sample was well educated. One hundred percent of respondents had at least a high school diploma or GED certificate, while 70.1% had degrees beyond this level. The educational attainment of the participants was as follows: 74 (26.0%) had a high school education; 11 (3.9%) had acquired a General Equivalency Diploma (GED), 48 (16.8%) had an associates degree; 16 (5.6%) had a vocational degree; 95 (33.3%) had a bachelor's degree; 31 (10.9%) had a master's degree; 2 (.7%) had a degree in law; 6 (2.1) had a doctoral degree; and, 2 (.7%) had completed a post-doctorate study (n = 3 missing data).

When asked "Do you regularly have parental child care responsibilities?" 84 (34.4%) subjects said yes, while 175 (67.6%) said no (n = 29 missing data). When asked to classify themselves as a parent or caregiver, 77 (71.3%) claimed to be a biological parent, 13 (12%) said they were a step-parent, 3 (2.8%) said they cared for an adopted child, 9 (8.3%) was a grandparent, and 2 (1.8%) was a foster parent (n = 4 missing data). The majority of respondents' reported that their children did not have knowledge of their drug use. Fifty-eight (62.4%) said that their children did not know about their use of illicit drugs, while 35 (37.6%) said they did (n = 193 missing data).

#### Description of Lifestyle and Behavioral Indices of the Sample

A series of questions were asked pertaining to respondent's perception of their personal attributes. On a scale of 1 (very poor) to 6 (excellent) the median response to the

Table 1.

Demographic characteristics of respondents.

Demographic Category	<u>n</u>	%
<b>Marital Status</b>		
Never Married	98	34.1
Married	100	34.8
Divorced/separated	28	9.8
Widow/widower	4	1.4
Living together	57	19.9
Total	287 (n = 1 missing)	100.0
<b>Educational Level</b>		
High school	74	26.0
GED	11	3.9
Associate Degree	48	16.8
Vocational	16	5.6
Bachelors	95	33.3
Masters	31	10.9
Law	2	0.7
PhD	6	2.1
Post-Doctoral	2	0.7
Total	285 (n = 3 missing)	100.0

question “How would you rate your own physical health status?” was 5.0 (n = 1 missing data). The majority felt that their health status was either good (48.1%, n = 138) or excellent (23.0%, n = 66). Only 1% (n = 3) felt that they were in very poor health; 1.4% (n = 4) poor health; 6.6% (n = 19) fair health; and 19.9% (n = 57) felt they had average health. A majority of respondents (89.6%, n = 216) felt they were happy with their marital status, while 10.4% (n = 25) were not (n = 47 missing data).

A series of questions were asked pertaining to religion and spirituality. The median value of importance of spirituality in the participant’s daily life was 6.0 on a Likert scale ranging from a score of 0 indicating no importance to 10 representing the central focus of life. On a Likert scale of 0 (no importance) to 10 (central focus), the median score for the importance of religion in the subject’s daily life was 5.0 (n = 5 missing data). Fifty-two (18.1%) DRUGNET subjects regularly attended religious services, while 235 (81.9%) did not (n = 1 missing data). This percentage is notably lower than the proportion of the U.S. population that attends church services regularly (United States Bureau of the Census [USBC], 1995).

Several questions probed for participation in socially positive behaviors. When asked “Do you vote regularly?” the majority (77.7%) (n = 223) said yes vs. 22.3% (n = 64) that said no (n = 1 missing data). This figure is substantially higher than the U.S. voting level for national elections, which ranges from 33% to 62% (USBC, 1995). A notably smaller number (n = 129 or 44.9%) said they participate in community activities such as Parent Teacher Association (PTA) or Chamber of Commerce, etc., while 158 or 55.1% did not



(n = 1 missing data). An overwhelming majority of 273 (95.5%) of respondents said they regularly engage in recreational activities that do not include drugs (e.g., hobbies, athletics, reading, etc.) compared to 13 (4.5%) that do not (n = 2 missing data).

### Description of Drug-Taking Behavior

The number and percent of the sample who “ever used” and “used in the past year” for each drug category are displayed in Table 2. The numbers of subjects who have used drugs in the past year is less than the number who have ever used in all drug categories. Alcohol and marijuana were the drugs most often ever used and used in the past year, with little alcohol usage difference in these two time frames (75.7% ever used vs. 74.3% used in the past year). Marijuana usage dropped from 77.0% ever used to 64.2% used in the past year. Usage was notably lower for the other five categories in the ever used and the used in the past year time frames. Hallucinogen usage dropped by more than half, from 51.4% ever used to 25.3% used in the past year. Cocaine usage dropped by more than three times from 45.1% ever used to 14.6% used in the last year. Stimulant usage was similar - dropping from 33.3% ever used to 11.1% used in the past year. Depressant usage fell by half with 24.3% ever used to 10.1% used in the past year; and, opiate usage fell from 19.8% ever used to 6.3% used in the past year.

Table 3 presents the ages at which respondents first tried drugs in each of the categories. Usage began, on average, earliest for alcohol (mean = 13.7) and marijuana (mean = 16.45). The average ages of first use for the remaining five categories are all over nineteen years, with the exception of depressants (mean = 18.5). Mean age of first tried drugs for cocaine was 19.9 years; for hallucinogens was 19.0 years; for opiates was

Table 2.

Past and current drug use.

Drug Category	Ever	Used	Past	Year
	n	%	n	%
Alcohol	218	75.7	214	74.3
Marijuana	222	77.1	185	64.2
Hallucinogens	148	51.4	73	25.3
Cocaine	103	45.1	42	14.6
Stimulants	96	33.3	32	11.1
Depressants	70	24.3	29	10.1
Opiates	57	19.8	18	6.3

Table 3.

Age drug first tried.

Drug Category	Mean	SD	n
Alcohol	13.7	3.6	218
Marijuana	16.4	4.2	222
Hallucinogens	19.3	5.2	148
Cocaine	19.9	4.3	103
Stimulants	19.5	5.1	96
Depressants	18.5	4.6	70
Opiates	20.5	6.4	57

20.5 years; and, for stimulants was 19.4 years.

A question (e.g., How many times, on average, do you use the specifically named drug?) provided researchers with another aspect of the respondents' frequency of drug usage. Respondents were asked to describe their drug use in terms of the number of times used: daily, at least once a week, once a month, once a year, or less than once a year. This time, the sample reported the highest daily use of the drugs marijuana and stimulants, with alcohol coming in as a close third. Table 4 displays the percentage of respondents who used these drugs daily, at least once a week, once a month, once a year, or less than once a year. Subjects reported using alcohol: 4.2% daily, 36.6% at least once a week, 30.6% once a month, 22.2% once a year, and 6.5% less than once a year. Marijuana usage by the sample included: 17.8% daily, 36.0% at least once a week, 17.8% once a month, 17.3% once a year, and 11.2% less than once a year. Respondents reported using hallucinogens: 0% daily, 3.5% at least once a week, 32.2% once a month, 46.2% once a year, and 18.2% less than once a year. Cocaine was used by the sample: 7.0% daily, 19.0% at least once a week, 16.0% once a month, 29.0% once a year, and 29.0% less than once a year. Stimulants were used by subjects: 13.2% daily, 26.4% at least once a week, 18.7% once a month, 19.8% once a year, and 22.0% less than once a year. Respondents reported using depressants: 1.5% daily, 16.7% at least once a week, 30.3% once a month, 24.2% once a year, and 27.3% less than once a year. Lastly, opiates were used by the sample: 7.1% daily, 25.0% at least once a week, 12.5% once a month, 21.4%

Table 4.

Typical frequency of drug use.

Drug	n	daily	once a:	month	year	< once
			week			a year
		%	%	%	%	%
Alcohol	216	4.2	36.6	30.6	22.2	6.5
Marijuana	214	17.8	36.0	17.8	17.3	11.2
Hallucinogens	143	0.0	3.5	32.2	46.2	18.2
Cocaine	100	7.0	19.0	16.0	29.0	29.0
Stimulants	91	13.2	26.4	18.7	19.8	22.0
Depressants	66	1.5	16.7	30.3	24.2	27.3
Opiates	56	7.1	25.0	12.5	21.4	33.9

Note: If individuals reported not using a drug in the past year, they were instructed to report what their typical frequency of use had been in the past.

once a year, and 33.9% less than once a year.

Respondents were asked the question “How many times, on average, do you use alcohol (or one of the other drugs) and other drugs at the same time?” Table 5 displays the percentage of respondents who used the specifically named drug and other drugs at least once a week, month, or year, or less than once a year (or their usage frequency in the past if they had not used the drug in more than a year). Again, alcohol and marijuana were clearly the most frequently used drugs with over 17.1% of the sample reporting alcohol use of at least once a week and 15.5% of the sample using marijuana at least once a week. Respondents reported using alcohol: 17.1% at least once a week, 25.5% once a month, 19.4% once a year, 18.5% less than once a year, and 19.4% never. Marijuana usage of subjects included: 15.5% at least once a week, 23.5% once a month, 24.4% once a year, 12.7% less than once a year, and 23.9% never.

Hallucinogen usage of the sample included: 2.8% at least once a week, 14.7% once a month, 34.3% once a year, 25.9% less than once a year, and 22.4% never. Respondents reported cocaine use as follows: 13.7% at least once a week, 11.6% once a month, 16.8% once a year, 32.6% less than once a year, and 25.3% never. Stimulant usage was reported as: 22.6% at least once a week, 17.9% once a month, 21.4% once a year, 15.5% less than once a year, and 22.6% never. Depressant usage was reported as: 6.3% at least once a week, 23.4% once a month, 18.8% once a year, 20.3% less than once a year, and 31.3% never. Lastly, opiate usage was reported as: 9.6% at least once a week, 7.7% once a month, 17.3% once a year, 44.2% less than once a year, and 21.2% never.

Table 5.

Typical frequency of drug use in combination with other drugs.

	Once a:	Week	Month	Year	<Year	Never
Drug Category	n	%	%	%	%	%
Alcohol	216	17.1	25.5	19.4	18.5	19.4
Marijuana	213	15.5	23.5	24.4	12.7	23.9
Hallucinogens	143	2.8	14.7	34.3	25.9	2.4
Cocaine	95	13.7	11.6	16.8	32.6	25.3
Stimulants	84	22.6	17.9	21.4	15.5	22.6
Depressants	64	6.3	23.4	18.8	20.3	31.3
Opiates	52	9.6	7.7	17.3	44.2	21.2

Note: If individuals reported not using a drug in the past year, they were instructed to report what their typical frequency of use had been in the past.

Table 6 displays the usual level of intoxication experienced for users of each of the drug categories, with the perceived levels of: not at all high, mildly, moderate, very, and extremely high. Users were most likely to get very high (47.3%) or extremely high (28.1%) with hallucinogens. For the remaining drug categories, the majority of the users experienced mild to moderate levels of intoxication, with the exception of alcohol where more users reported not becoming intoxicated at all (27.3%) than those who became moderately intoxicated (15.3%). Respondents reported usual intoxication levels of alcohol as: 27.3% not at all, 54.4% mildly intoxicated, 15.3% moderately intoxicated, 3.7% very intoxicated, and 2.3% extremely intoxicated. Levels of intoxication reported by subjects using marijuana include: 1.8% not at all, 35.5% mildly intoxicated, 47.0% moderately intoxicated, 13.4% very intoxicated, and 2.3% extremely intoxicated. Subjects reported usual intoxication levels of hallucinogens as: 2.7% mildly intoxicated, 21.9% moderately intoxicated, 47.3% very intoxicated, 28.1% extremely intoxicated. Cocaine use produced the following levels among users: 3.0% not at all, 28.3% mildly intoxicated, 37.4% moderately intoxicated, 22.2% very intoxicated, 9.1% extremely intoxicated. The use of stimulants among respondents produced the following results: 7.6% not at all, 19.6% mildly intoxicated, 38.0% moderately intoxicated, 25.0% very intoxicated, and 9.8% extremely intoxicated. Respondents reported experiencing the following levels of intoxication when using depressants: 10.8% not at all, 33.8% mildly intoxicated, 35.4% moderately intoxicated, 15.4% very intoxicated, and 4.6% extremely intoxicated. Opiate use by the sample produced the following levels of intoxication: 1.8% not at all, 35.5% mildly intoxicated, 47.0% moderately intoxicated, 13.4% very intoxicated, 2.3%



Table 6.

Typical level of intoxication experienced.

		Not at all	Mildly	Moderate	Very	Extremely
Drug	n	%	%	%	%	%
Alcohol	216	27.3	54.4	15.3	3.7	2.3
Marijuana	217	1.8	35.5	47.0	13.4	2.3
Hallucinogens	146		2.7	21.9	47.3	28.1
Cocaine	99	3.0	28.3	37.4	22.2	9.1
Stimulants	92	7.6	19.6	38.0	25.0	9.8
Depressants	65	10.8	33.8	35.4	15.4	4.6
Opiates	55	1.8	35.5	47.0	13.4	2.3

Note: If individuals reported not currently using a drug, they were instructed to report the intoxication level typically attained when they were “using.”

extremely intoxicated.

Respondents were asked to compare their year of heaviest use of a particular drug with their first year of use, and their current use with the first year's experience with the drug. Table 7 presents the percentage of respondents who reported currently using these drugs about the same, somewhat more, or a lot more than their first year of use.

Table 8 presents the percentage of respondents who reported that in their heaviest year of use they used these drugs about the same, somewhat more, or a lot more than their first year of use. Subjects reported currently using alcohol: 57.3% about the same, 19.9% somewhat more, or 22.7% a lot more than their first year of use, and the year most heavily used: 31.9% about the same, 21.3% somewhat more, or 46.9% a lot more than the first year of use. Current use of marijuana reported by respondents included: 39.5% about the same, 22.4% somewhat more, 38.1% a lot more than their first year of use, and the year most heavily used: 34.3% about the same, 22.1% somewhat more, and 43.6% a lot more than the first year of use. Respondents reported currently using hallucinogens: 65.6% about the same, 16.0% somewhat more, and 18.4% a lot more than their first year of use, and the year most heavily used: 65.4% about the same, 18.4% somewhat more, and 16.2% a lot more than the first year of use. Current cocaine use reported by the sample included: 67.9% about the same, 9.5% somewhat more, and 22.6% a lot more than their first year of use, and the year most heavily used: 62.8% about the same, 16.0% somewhat more, and 21.3% a lot more than their first year of use. Respondents reported currently using stimulants: 63.9% about the same, 14.5% somewhat more, and 21.7% a lot more than their first year of use, and the year most heavily used: 72.1% about the same, 15.1%

Table 7.

Current use vs. first year of use.

		about the same	somewhat more	a lot more
Drug Category	n	%	%	%
Alcohol	211	57.3	19.9	22.7
Marijuana	210	39.5	22.4	38.1
Hallucinogens	125	65.6	16.0	18.4
Cocaine	84	67.9	9.5	22.6
Stimulants	83	63.9	14.5	21.7
Depressants	62	69.4	16.1	14.5
Opiates	49	63.3	18.4	18.4

Note: If individuals were not currently using a drug, they were instructed to report their behavior when they were using the drug.

Table 8.

Heaviest year of use vs. first year of use.

		about the same	somewhat more	a lot more
Drug Category	n	%	%	%
Alcohol	207	31.9	21.3	46.9
Marijuana	204	34.3	22.1	43.6
Hallucinogens	136	65.4	18.4	16.2
Cocaine	94	62.8	16.0	21.3
Stimulants	86	72.1	15.1	12.8
Depressants	60	71.7	11.7	16.7
Opiates	50	82.0	4.0	14.0

Note: If respondents had quit using a drug, they were asked to report their behavior when they were “using.”

somewhat more, and 12.8% a lot more than their first year of use. Depressants were reported as currently being used by subjects: 69.4% about the same, 16.1% somewhat more, and 14.5% a lot more than their first year of use, and the year most heavily used: 71.7% about the same, 11.7% somewhat more, and 16.7% a lot more than their first year of use. Lastly, opiates were currently being used by participants: 63.3% about the same, 18.4% somewhat more, and 18.4% a lot more than their first year of use, and the year most heavily used: 82.0% about the same, 4.0% somewhat more, and 14.0% a lot more than their first year of use.

Respondents were asked this question: “Overall the effects of [specific drug] on my life has been?” A Likert response option followed from 0 (negative) to 10 (positive). The median response for each drug was as follows: (a) alcohol-5.0 (n = 213); (b) cocaine-5.0 (n = 99); (c) depressants-5.0 (n = 65); (d) hallucinogens-7.0(n = 142); (e) opiates-5.0 (n = 56); (f) stimulants-4.0 (n = 92). Hallucinogens were the only drug that more of the sample reported as having a positive effect on respondents’ lives.

Subjects were asked to respond yes or no to the question of whether their use of [specific drug] had ever caused health or psychological problems. The majority of respondents replied that they had not experienced health or psychological problems as a result of their drug use for all categories. Results for each drug category to this question are as follows: (a) alcohol -13.0% yes, 87.0% no (n = 72 missing data); (b) cocaine-30.0% yes, 70.0% no (n = 188 missing data); (c) depressants-13.6% yes, 86.4% no (n = 222 missing data); (d) hallucinogens-14.6% yes, 85.4% no (n = 144 missing data); (e) marijuana-11.0% yes, 67.4 no (n = 70 missing data); (f) opiates-20.0% yes, 80.0% no (n =

233 missing data); and, (g) stimulants-41.5% yes, 58.5% no (n = 194 missing data).

At the end of each section asking about their experiences with a particular drug category was this question: ‘What positive effects has [drug category] had on your life?’ Individuals could type in a written response. Most responses to the use of alcohol focused on its effect of relaxing the user (e.g., “I would take a drink of wine to relax at a dinner party or after work”; “So that I may relax at the end of a hard day--selling cosmetics to women all day is very stressful”; and, “...feeling a little loose after a stretch of time when I can’t let down at all”;) and as serving as a social lubricant (e.g., “Getting drunk with friends is fun, as long as everyone is responsible”; “Enjoy mild intoxication, social enjoyment”; “... out with friends, social”; “So I can have fun when I go out to clubs”; “I have a few drinks out at a bar, socially mostly.”) However, at least two respondents reported using alcohol to deal with or forget their problems (e.g., “... it got to where I needed to get numb so that I didn’t have to face the consequences of my using,” and “to feel better and forget things.”) Responses for marijuana were similar to alcohol in that the sample reported having a relaxing effect on users (e.g., “It’s a nice way to relax”; “to relax, have fun and generally laugh a little more”; and, “I enjoyed the relaxed feeling without a sensation of ‘intoxication’ necessarily.”) The most common theme for cocaine use were increased energy and enhanced pleasure (e.g., “I like the numb feeling it gives me, and the energy”; “I enjoyed feeling confident and chatty. It allowed me to free-associate more easily”; “Energy, could talk to people without being shy”; and, “I like the high.”) Some respondents reported that the reason for using cocaine was addiction (e.g., “Used to be addicted”; and, “I started smoking it to ‘feel’ closer to someone, and found

myself addicted to it shortly after my first use of it”; ) and, availability (e.g., “Cause it was there, brought to us by the Reagan Administration to support the CONTRAS”; and, “... because if it is in front of me I would use it.”) Few respondents commented on their reasons for use of depressants. The ones who did respond gave their reasons for using as counteracting the withdrawal from cocaine, peer pressure, and experimentation. Most comments about hallucinogens were related to spiritual or psychological exploration and pleasure. For example, one respondent’s reason to use the drug was “to expand my mind and view an altered reality.” Other responses included: “I enjoyed the creative vision”; “an escape for a couple of hours”; “makes you open minded, dancing is a new dimension, music is visual”; “I felt more creative and felt free spirited”; and, “I love them!!! What more can I say. I’ve never been so happy and laughed so hard, and enjoyed just playing as when you’re on LSD or Mushrooms.” Responses on opiate use were few and varied. One subject claimed that opiates gave them a pleasant feeling and was used to counteract amphetamine stimulation. Another replied that it was a cultural experience (e.g., “It is the cool thing to do in my parent’s native country.”) The most common response on stimulant use revolved around increased energy and wakefulness. Examples include: “No need for sleep, being happy, and no care about the time”; “to keep me going when I needed to be awake and coherent”; and, “stay awake longer, enhanced sex.”

### Overall Mental Well-Being

The DRUGNET respondents mean GWBS score was 74.79 (SD = 16.77; Range = 16 to 105; n = 215). This score is slightly less than the national norm (mean = 80.3; SD = 17.9; n = 6,931) reported in the HANES study (Fazio, 1977). This DRUGNET sample

reported that 36.3% reported being stressed; whereas, 63.7% scored in the normal or healthy range (n = 73 missing data).



## Chapter 5

### Conclusions

DRUGNET, a cross-sectional panel survey of adult, recreational drug users, was performed on the Internet via the World Wide Web. The purpose of this survey was to provide a unique, broad description of adult, illicit drug users who consider themselves to be “healthy, successful adults who occasionally use drugs” (Nicholson, White & Duncan, 1999). Subjects were asked to answer questions based on their personal experiences. The survey instrument had four divisions: demographic and lifestyle characteristics, drug-using behaviors, mental well being, past legal history and attitudes about drug policy.

The purpose of this sub-analysis of the DRUGNET survey was to provide a descriptive and behavioral profile of adult, female, recreational drug users (i.e., not abusers). This study described a rarely researched subset of the hidden, adult, drug using population (i.e., women) through an analysis of the 1997 and 1998 data sets from the DRUGNET survey.

#### Summary of Results

In 1997 and 1998, a total of 288 adult, female United States citizens participated in the DRUGNET survey. They comprised the sample for this study. The data set was screened to exclude male and international subjects. The racial/ethnic mix of the sample was overwhelmingly White (85.3%). The mean age was 28 years old. The majority (77%) of respondents felt that they had enough income to satisfy their lifestyle needs and had a median yearly income of \$30,000 to \$49,999. The majority (88%) of respondents who were married had spouses who worked. Over half (56%) of the sample subjects were employed full-time. The marital status of DRUGNET subjects was fairly evenly divided

between those who were married (34.8%) and those who had never been married (34.1%). Of the married subjects, almost all (90%) felt they were happy with their marital status. The subjects were well educated. One third had attained a bachelor's degree, and all subjects had at least a high school diploma or GED certificate. In addition, one third of the sample was currently attending college.

The majority of participants classified themselves as biological parents; while slightly over one third (34%) claimed to regularly have parental child care responsibilities. Most subjects did not respond to the question "do your children know about your use of illicit drug?" Of the subjects that did respond to that question, the majority (62%) of respondents' said their children did not have knowledge of their drug use.

DRUGNET subjects felt that they were either in good (48%) or excellent (23%) health. A strong majority (78%) of respondents voted regularly and reported to regularly engage in recreational activities that do not include drugs (95%). However, a notably smaller number (45%) claimed to participate in community activities such as Parent Teacher Association (PTA), Chamber of Commerce, etc. While the overwhelming majority (82%) of subjects did not attend church services regularly, they did express positive feelings for the importance of spirituality in their daily life.

Alcohol and marijuana appear to be the drugs of choice for this DRUGNET sample. Both were reported to be the drugs most often ever used, used in the past year, and were the most frequently used drugs. In addition, respondents first tried these drugs at a much earlier age than other drugs. One exception to this practice is the daily use of stimulants and other drugs in combination. The sample reported the highest daily use of the drugs

- stimulants and some other drug.

The majority of respondents reported perceived levels of intoxication to be mild to moderate for all drugs except alcohol, for which more users reported not becoming intoxicated at all. Hallucinogen users were most likely to get very or extremely high. This continuum may be due to the nature of hallucinogenic drugs. When asked to compare their current use of a particular drug with their first year's experience with the drug, most respondents reported to be using these drugs about the same as their first year. However, the number of subjects who used marijuana "about the same" was very similar to those who used "a lot more" than their first year.

Other than the perception of hallucinogens of having a positive effect, the sample did not feel that drugs had had a positive or negative effect on their lives, and the majority replied that they had not experienced health or psychological problems as a result of their drug use. Although the DRUGNET respondents' observed average GWBS score was slightly less than the national norm, the majority (64%) considered themselves to be normal or healthy.

### Discussion

Overall, this DRUGNET sample appears to be normal, healthy, civic minded, individuals who appear to be functioning at high levels economically and socially. This image is quite adverse to the public's perception of an illicit drug user. According to this study, some female, recreational drug users can lead successful, healthy lives.

DRUGNET has been successful in accessing a hidden population and providing a unique, broad, cross-sectional description of adult drug users. It also provides support for

the use of the Internet as a medium for implementing an anonymous questionnaire on sensitive issues through computer-assisted self-interviewing.

### Limitations

These data presented in this study must be seen as preliminary and exploratory in nature due to the following limitations: (1) the sample was self-selected; (2) a large segment of the target population was not represented; and, (3) the sample size was small ( $n = 288$ ). This sub sample is limited to the population of women who use the Internet, who are generally characterized as being well educated and from middle and upper socioeconomic strata. And, this sub sample must also consider themselves to be recreational drug users and be willing to provide self-report data. Due to the survey having been implemented on the World Wide Web, a large segment of females will not be represented. Therefore, the results of this investigation can not be generalized to the general public. Secondly, because the participants are self-selected or volunteered to complete the survey, they may not be representative of the drug-using community or the general population using the Internet.

### Conclusions

The findings of this sub-analysis of the DRUGNET survey support the hypothesis that the overall health, happiness, and demographic profile of female, adult, recreational drug users does not differ from the overall health, happiness, and demographic profile of the general, female, adult population.

In addition, the DRUGNET survey demonstrates that a computer-assisted, self-interview survey can be a valuable tool in accessing an undescribed and unstudied, hidden

segment of the population. Individuals were willing to honestly answer questions of an intimate or personal nature when not sitting face to face with their interviewer and when anonymity can be established.

The results of this sub-analysis of the DRUGNET survey indicate that physically and psychologically healthy, adult females can use alcohol and illicit drugs in a controlled and safe manner and still manage to lead productive, successful lives.

### Recommendations

In order to provide a clearer picture of this understudied and largely invisible population, more research must take place. This sub-analysis had a relatively small sample - 288 subjects. Future studies with larger sample sizes and more diverse subjects may provide more insight as to women's drug-using behaviors, attitudes and well being.

The results of this study, and other studies of the DRUGNET survey, need to be considered by authors of drug education curriculum, policy makers, and treatment providers. The notion or concept that any drug use is drug abuse and that consumption of any amount of illicit, psychoactive drugs is unhealthy has been disproved by this and other DRUGNET analyses.

## Appendix A


### DRUGNET Survey

DRUGNET 2000  
A WWW Based Survey of Recreational Drug Use By Successful Adults

---

Hello,

We want to thank you for taking the time to answer our questions. We are researchers who are interested in drug use by *healthy, successful, adults*. This survey was developed to try and understand how occasional or recreational drug use (i.e., not drug abuse) among healthy successful adults affects their lives, either positively or negatively.

You may have seen other studies elsewhere on the "Web" that allow you to comment or search databases. This questionnaire makes extensive use of FORMS and TABLES. If your web browser (e.g., Netscape 1.x) does not support these functions you will not be able to participate in our study. However, if you wish, send us some e-mail and we'll be happy to talk with you about drug use and/or drug policy. If you want to take our survey, but are uncertain how to use radio buttons  or text areas (where you type comments) you may want to try our short [tutorial](#) (click on the word tutorial).

### The Survey

Several of the questions ask about your personal experiences with a variety of drugs. You will be asked what categories of psychoactive (or recreational) drugs you have taken. This means you will only answer questions about those drugs you have experienced. You will also be asked some questions about yourself (age, income, job type, education, etc.) to help us define the group that answers our survey. We will also ask you some questions that will help tell us how you are feeling mentally as you take the survey.

Depending on your number of experiences with drugs and also on how familiar you are with using a mouse and keyboard, you can expect to spend anywhere from 15 minutes to an hour taking this survey. Most people seem to take less than thirty minutes.

### Security

We will never ask you anything that will identify you to us. Frankly, we don't want to know who you are. On the other hand, almost every page does give you a chance to send us a comment. This is simply a chance to report some bug in the program, to tell us what a great idea we've had, or to rant about what we are studying. If you do send us an e-mail message we still will not be able to connect your answers on our survey to the e-mail address. In fact, we wouldn't even know if you had taken the survey from an e-mail message. Its just that we will be able to talk with you.

As you take the survey, Netscape (and other browsers) will warn you that the information you are sending is not protected (that is, someone can monitor your responses). You may have seen this warning as you fill out other forms on the Web. We've done all we can at this point to ensure the confidentiality of your responses. However, if you wish additional confidentiality, it is relatively easy to obtain. Point your web browser to:

<http://www.anonymizer.com/>

Several options are available, but since you want to take our survey, select the *BEGIN SURFING ANONYMOUSLY* option. This brings you to a different page with a text area labeled "Jump to URL:" Type the DRUGNET address into the space provided (<http://illicit-drugs/drugnet>). If you want to know more about how the anonymizer works, try reading their [FAQ](#) , as it is very informative about privacy issues in general.

If at any time you feel uncomfortable, or wish to discontinue your participation in our study, *simply stop and shift your page to another site* . If you want to participate, but aren't comfortable answering a question, *leave it blank or unanswered* . We would still value your contribution to our study as even a partially answered survey would be helpful to us.

Do you wish to take our survey? Yes, I want to take

Please choose one the survey

No Thanks

---

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John White, Thomas Nicholson, & David Duncan

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Requisite links to organizations that help us advertise! No crass commercial messages though...

**Add Me!**



## Informed Consent

Federal regulations require that researchers obtain informed consent from you before having you participate. Due to the confidential and non-harmful nature of this study, simply taking the survey will be interpreted as your informed consent. Individuals interested in obtaining a hard copy of our *Informed Consent Form* for this study should write to us at the address below and we will mail you the consent form for you to sign. Completion of the hardcopy form is optional. Please remember, once the survey begins, you may discontinue your participation at *any* time by simply changing to another site with your web browser.

Take the  
Survey

On second thought, I'd  
rather not...

Consent forms may also be obtained by writing to:

DRUGNET STUDY  
Department Of Public Health  
Western Kentucky University  
One Big Red Way  
Bowling Green, KY 42101-3576

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John White, Thomas Nicholson, & David Duncan

## Demographic Information

We would like to get some demographic information from you. Please answer the following questions about your background. Remember, all of this information is general and will not be used to identify you.

1. Are you a citizen or legal resident of the United States?

☐ Yes

☐ No

2. What country(s) are you a citizen of?

*If you are a U.S. citizen, leave this question blank*

3. What is your ethnic identification?

☐ Asian

☐ African American

☐ Hispanic/Latino

☐ Native American

☐ Pacific Islander

☐ Caucasian

☐ Other

4. What is your gender?

☐ Male

☐ Female

5. What is your current age

6. Are you employed:

☐ Full-Time Employee (35+ hours per week)

☐ Part-Time Employee (34 hours or less per week)

☐ Self-Employed

☐ Unemployed

7. Please type in your job title:

*(leave blank if unemployed)*

8. Please tell us, in what industry are you employed?

Pick Industry Type ---->



9. If we left your industry out, please tell us what it is:

10. Please rate how important spirituality is in your daily life:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
No importance						Central focus of your life				

11. Do you regularly attend religious services?

☐ Yes

☐ No

12. Please rate how important your religious beliefs and values are in your daily life:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
No importance						Central focus of your life				

13. Do you participate in community activities (e.g., PTA, Chamber of Commerce, United Way, etc...)?

☐ Yes

☐ No

14. Do you vote regularly?

☐ Yes

☐ No

15. Did you vote in the last general election?

☐ Yes

☐ No

16. How would you rate your own physical health status?

☐ Excellent

☐ Good

☐ Average

☐ Fair

☐ Poor

☐ Very Poor

17. Do you regularly engage in non-drug related recreational activities (e.g., hobbies, athletics, crafts, reading, etc...)?

☐ Yes

☐ No

18. What is your marital status?

- ☐ Never Married
- ☐ Married
- ☐ Divorced/Separated
- ☐ Widow/Widower
- ☐ Living with Someone

18a. Does your spouse or significant other work?

*[Please skip if this question does not apply.]*

- ☐ Yes
- ☐ No

18b. Are you happy with your marital status?

- ☐ Yes
- ☐ No

19. Do you regularly have parental child care responsibilities?

*[If NO, please skip to question #20]*

- ☐ Yes
- ☐ No

19a. If yes, please check all that apply:

- ☐ Biological Parent
- ☐ Step-Parent
- ☐ Adoptive Parent
- ☐ Grand Parent
- ☐ Foster Parent
- ☐ Other Parent

---

19b. Do your children know about your use of illicit drugs?

- ☐ Yes
- ☐ No

19c. If NO, do you worry about them finding out about your drug use?

- ☐ Yes
- ☐ No

19d. Do you worry about the effect of your drug usage on your children?

- ☐ Yes
- ☐ No

20. Please tell us the highest education level you have achieved:

- ☐ Less than High School
- ☐ High School
- ☐ Graduate Equivalency Diploma (GED)
- ☐ Associate Degree (2 year degree)
- ☐ Vocational Degree
- ☐ Bachelors Degree (BA, BS, etc.)
- ☐ Masters Degree (MA, MS, etc.)
- ☐ Law Degree

- ☐ Doctoral Degree (Ph.D., Ed.D., M.D., etc.)  
☐ Post-Doctoral Study

21. Are you currently attending college? ☐ Yes  
☐ No

21a. What is your year in school? [Note: Leave blank if not in college.] ☐ Freshman  
☐ Sophomore  
☐ Junior  
☐ Senior  
☐ Graduate Student  
☐ Other

21b. What do your parents earn in a year? ☐ Less than \$10,999  
*If both parents work, please add together parent's incomes to obtain the amount. If you are not sure, please take your best guess.* ☐ \$11,000 to \$29,999  
*Skip if you are not in school, or if in school, are self-supported.* ☐ \$30,000 to \$49,999  
☐ \$50,000 to \$69,999  
☐ \$70,000 to \$89,999  
☐ \$90,000 to \$109,999  
☐ \$110,000 or more

22. What is (or if graduated, was) your last overall GPA?   
*[Note: Please use a 4 point scale where a 4.0 would be an "A", 3.0 would be "B", etc. If the last school you attended did not use this style of grading, then please skip the question.]*

23. What is your household income? ☐ Less than \$10,999  
*[If both you and your partner work, please add together your incomes to obtain the amount. If you are not sure, please take your best guess. If you live at home or your parents support you, we'd like to know just the income that you and/or your partner earn.]* ☐ \$11,000 to \$29,999  
☐ \$30,000 to \$49,999  
☐ \$50,000 to \$69,999  
☐ \$70,000 to \$89,999  
☐ \$90,000 to \$109,999  
☐ \$110,000 or more

24. Do you and/or your partner have enough income to satisfy your current lifestyle needs? ☐ Yes  
☐ No

25. How have you been feeling in general for the past month? ☐ ☐ ☐ ☐ ☐ ☐  
1 2 3 4 5 6  
In excellent spirits In very low spirits

26. Has your use of illicit drugs ever caused or contributed to a failure in your education, work or family life -- such as:  
(Please check all that apply)
- ☐ Marital Relations
  - ☐ Other Family Relations
  - ☐ Work
  - ☐ Education
  - ☐ Some other problem

27. Have you ever used illicit drugs under circumstances which might be dangerous, such as while driving a car or operating machinery?
- ☐ Yes
  - ☐ No

- 27a. If you have used illicit drugs under dangerous circumstances, how often does this occur?
- ☐ Less than once a year
  - ☐ Once a year
  - ☐ A few times a year
  - ☐ Once a month
  - ☐ A few times a month
  - ☐ Once a week
  - ☐ A few times a week
  - ☐ Daily

28. Have you ever had legal problems because of your use of illicit drugs?
- ☐ Yes
  - ☐ No

29. Have you had arguments with your family or friends about your use of illicit drugs?
- ☐ Yes
  - ☐ No

30. Have you ever experienced withdrawal illness (e.g., shakes, nausea, trouble sleeping) when you stopped taking illicit drugs?
- ☐ Yes
  - ☐ No

31. Have you wanted to stop using illicit drugs but had trouble doing so?
- ☐ Yes
  - ☐ No

32. Does getting and using illicit drugs occupy a large part of your time?
- ☐ Yes
  - ☐ No

33. Have you ever been treated for illicit drug abuse or dependence?
- ☐ Yes
  - ☐ No

SUBMIT - Press only once! This could take a minute...

John B. White, Ph.D.,  
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Nicholson , Duncan , & White

## USE OF ALCOHOL

I have never used alcohol. Skip to: [ [MARIJUANA](#) ]

For these questions, a "drink" is considered one 12-ounce beer, a 4-ounce glass of wine, or a mixed drink with 1 and 1/2 ounces (one shot) of hard liquor. The word "intoxication" refers to the effects that a drug has on your mood and consciousness.

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try alcohol?

2. Have you used alcohol in the past year?

☐ Yes

☐ No

2a. If you haven't used alcohol in the past year, how many years has it been since you drank?

[Note: 1.5 would mean one and one-half years.]

2b. Do you consider yourself to have permanently quit using alcohol?

☐ Yes

☐ No

3. When you do drink alcohol, how many drinks do you usually have, on the average?  
If you have quit, how many *did* you drink on average?

4. How many times, on average, do you use alcohol?  
[Remember, if you have not used alcohol in the past year, what *was* your frequency of use?]

☐ Daily

☐ At least once a week

☐ At least once a month

☐ At least once a year

☐ Less than once a year

5. When you do use alcohol, what is the level of intoxication that you usually reach?

☐ Not at all drunk

☐ Mildly drunk

☐ Moderately drunk

☐ Very drunk

☐ Extremely drunk



6. How many times, on average, do you use alcohol and other drugs at the same time?
- ☐ Daily
  - ☐ At least once a week
  - ☐ At least once a month
  - ☐ At least once a year
  - ☐ Less than once a year
  - ☐ Never
7. Has your use of alcohol ever caused or contributed to a failure in your education, work or family life -- such as failing a course, being fired, family problems, or a divorce?
- ☐ Yes
  - ☐ No
8. Have you ever used alcohol under circumstances which might be dangerous, such as while driving a car or operating machinery?
- ☐ Yes
  - ☐ No
- 8a. If you have used alcohol under dangerous circumstances, how often does this occur?  
*[Skip if you answered no to question #8.]*
- ☐ Less than once a year
  - ☐ Once a year
  - ☐ A few times a year
  - ☐ Once a month
  - ☐ A few times a month
  - ☐ Once a week
  - ☐ A few times a week
  - ☐ Daily
9. Have you ever had legal problems because of your use of alcohol?
- ☐ Yes
  - ☐ No
10. Have you had arguments with your family or friends about your use of alcohol?
- ☐ Yes
  - ☐ No
11. During the year that I most heavily used alcohol, I used it about:
- ☐ About the same as first year of use
  - ☐ Somewhat more than the first year of use
  - ☐ A lot more than the first year of use
12. This past year I used alcohol:
- ☐ Much less than my heaviest year of use
  - ☐ Somewhat less than my heaviest year of use
  - ☐ About the same as my heaviest year of use

13. Have you ever experienced withdrawal illness (e.g., shakes, nausea, trouble sleeping) when you stopped taking alcohol?

☐ Yes  
☐ No

13a. If so, how often does this happen?  
[Skip you haven't suffered withdrawal.]

☐ On a daily basis  
☐ On a weekly basis  
☐ On a monthly basis  
☐ On a yearly basis

14. Have you wanted to stop using alcohol but had trouble doing so?

☐ Yes  
☐ No

15. Does getting and drinking alcohol occupy a large part of your time?

☐ Yes  
☐ No

16. Have you ever experienced health or psychological problems as a result of your use of alcohol?

☐ Yes  
☐ No

16a. If you *have* had health or psychological problems, did you:

☐ Increase your use  
☐ No change in use  
☐ Decrease your use  
☐ Quit your use

17. Please tell us, in your own words, why you use alcohol:

18. Overall, the effects of alcohol on my life have been:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 1 2 3 4 5 6 7 8 9 10

Negative Positive

19. What positive effects has alcohol had on your life:

20. What negative effects has alcohol had on your life:

---

### USE OF MARIJUANA

I have never used marijuana. Skip to: [ [COCAINE](#) ]

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try marijuana?

2. Have you used marijuana in the past year?

- ☐ Yes  
☐ No

2a. If you *haven't* used marijuana in the past year, how many years has it been since you used marijuana?

*[Note: 1.5 would mean one and one-half years.]*

2b. Do you consider yourself to have permanently quit using marijuana?

- ☐ Yes  
☐ No

3. When you do use marijuana, how much do you usually use and how do you use it?

4. How many times, on average, do you use marijuana?

[Remember, if you have not used marijuana in the past year, what *was* your frequency of use?]

- ☐ Daily  
☐ At least once a week  
☐ At least once a month  
☐ At least once a year  
☐ Less than once a year

5. When you do use marijuana, what is the level of intoxication that you usually reach?
- ☐ Not at all intoxicated
  - ☐ Mildly intoxicated
  - ☐ Moderately intoxicated
  - ☐ Very intoxicated
  - ☐ Extremely intoxicated

6. How many times, on average, do you use marijuana and other drugs at the same time?
- ☐ Daily
  - ☐ At least once a week
  - ☐ At least once a month
  - ☐ At least once a year
  - ☐ Less than once a year
  - ☐ Never

7. During the year that I most heavily used marijuana, I used it about:
- ☐ About the same as first year of use
  - ☐ Somewhat more than the first year of use
  - ☐ A lot more than the first year of use

8. This past year I used marijuana:
- ☐ Much less than my heaviest year of use
  - ☐ Somewhat less than my heaviest year of use
  - ☐ About the same as my heaviest year of use

9. Have you ever experienced health or psychological problems as a result of your use of marijuana?
- ☐ Yes
  - ☐ No

- 9a. If you *have* had health or psychological problems, did you:
- ☐ Increase your use
  - ☐ No change in use
  - ☐ Decrease your use
  - ☐ Quit your use

10. Please tell us, in your own words, why you use marijuana:

11. Overall, the effects of marijuana on my life have been:
- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Negative              |                       |                       |                       |                       |                       |                       | Positive              |                       |                       |                       |

12. What positive effects has marijuana had on your life:

13. What negative effects has marijuana had on your life:

#### USE OF COCAINE

(Either Snorted or Smoked: "Coke" or "Crack")

I have never used cocaine. Skip to: [ DEPRESSANTS ]

*comma inside quotes.*

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try cocaine?

2. Have you used cocaine in the past year?

☐ Yes

☐ No

2a. If you haven't used cocaine in the past year, how many years has it been since you used cocaine?

[Note: 1.5 would mean one and one-half years.]

2b. Do you consider yourself to have permanently quit using cocaine?

☐ Yes

☐ No

3. When you do use cocaine, how much do you usually use and how do you use it?

4. How many times, on average, do you use cocaine?  
[Remember, if you have not used cocaine in the past year, what was your frequency of use?]
- ☐ Daily
  - ☐ At least once a week
  - ☐ At least once a month
  - ☐ At least once a year
  - ☐ Less than once a year
5. When you do use cocaine, what is the level of intoxication that you usually reach?
- ☐ Not at all intoxicated
  - ☐ Mildly intoxicated
  - ☐ Moderately intoxicated
  - ☐ Very intoxicated
  - ☐ Extremely intoxicated
6. How many times, on average, do you use cocaine and other drugs at the same time?
- ☐ Daily
  - ☐ At least once a week
  - ☐ At least once a month
  - ☐ At least once a year
  - ☐ Less than once a year
  - ☐ Never
7. During the year that I most heavily used cocaine, I used it about:
- ☐ About the same as first year of use
  - ☐ Somewhat more than the first year of use
  - ☐ A lot more than the first year of use
8. This past year I used cocaine:
- ☐ Much less than my heaviest year of use
  - ☐ Somewhat less than my heaviest year of use
  - ☐ About the same as my heaviest year of use
9. Have you ever experienced health or psychological problems as a result of your use of cocaine?
- ☐ Yes
  - ☐ No
- 9a. If you *have* had health or psychological problems, did you:
- ☐ Increase your use
  - ☐ No change in use
  - ☐ Decrease your use
  - ☐ Quit your use

10. Please tell us, in your own words, why you use cocaine:

11. Overall, the effects of cocaine on my life have been:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
0 1 2 3 4 5 6 7 8 9 10  
Negative Positive

12. What positive effects has cocaine had on your life:

13. What negative effects has cocaine had on your life:

---

#### USE OF DEPRESSANTS

(i.e., Barbiturates)

I have never used depressants. Skip to: [ [HALLUCINOGENS](#) ]

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try depressants?

2. Have you used depressants in the past year?

☐ Yes  
☐ No

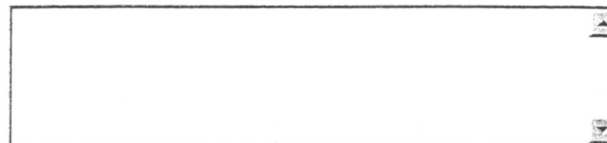
2a. If you haven't used depressants in the past year, how many years has it been since you used depressants?

[Note: 1.5 would mean one and one-half years.]

2b. Do you consider yourself to have permanently quit using depressants?

☐ Yes  
☐ No

3. When you do use depressants, how much do you usually use and how do you use them?



4. How many times, on average, do you use depressants? [Remember, if you have not used depressants in the past year, what *was* your frequency of use?]

- ☐ Daily
- ☐ At least once a week
- ☐ At least once a month
- ☐ At least once a year
- ☐ Less than once a year

5. When you do use depressants, what is the level of intoxication that you usually reach?

- ☐ Not at all intoxicated
- ☐ Mildly intoxicated
- ☐ Moderately intoxicated
- ☐ Very intoxicated
- ☐ Extremely intoxicated

6. How many times, on average, do you use depressants and other drugs at the same time?

- ☐ Daily
- ☐ At least once a week
- ☐ At least once a month
- ☐ At least once a year
- ☐ Less than once a year
- ☐ Never

7. During the year that I most heavily used depressants, I used it about:

- ☐ About the same as first year of use
- ☐ Somewhat more than the first year of use
- ☐ A lot more than the first year of use

8. This past year I used depressants:

- ☐ Much less than my heaviest year of use
- ☐ Somewhat less than my heaviest year of use
- ☐ About the same as my heaviest year of use

9. Have you ever experienced health or psychological problems as a result of your use of depressants?

- ☐ Yes
- ☐ No



9a. If you *have* had health or psychological problems, did you:

- ☐ Increase your use
- ☐ No change in use
- ☐ Decrease your use
- ☐ Quit your use

10. Please tell us, in your own words, why you use depressants:

11. Overall, the effects of depressants on my life have been:

- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- 0 1 2 3 4 5 6 7 8 9 10
- Negative Positive

12. What positive effects have depressants had on your life:

13. What negative effects have depressants had on your life:

---

#### USE OF HALLUCINOGENS

(LSD, MUSHROOMS, PEYOTE, Mescaline, Ecstasy, etc.)

I have never used hallucinogens. Skip to: [ [OPIATES](#) ]

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try hallucinogens?

2. Have you used hallucinogens in the past year?

- ☐ Yes
- ☐ No

2a. If you haven't used hallucinogens in the past year, how many years has it been since you used hallucinogens?

[Note: 1.5 would mean one and one-half years.]

2b. Do you consider yourself to have permanently quit using hallucinogens?

☐ Yes

☐ No

3. When you do use hallucinogens, how much do you usually use and how do you use them?

4. How many times, on average, do you use hallucinogens?

[Remember, if you have not used hallucinogens in the past year, what was your frequency of use?]

☐ Daily

☐ At least once a week

☐ At least once a month

☐ At least once a year

☐ Less than once a year

5. When you do use hallucinogens, what is the level of intoxication that you usually reach?

☐ Not at all intoxicated

☐ Mildly intoxicated

☐ Moderately intoxicated

☐ Very intoxicated

☐ Extremely intoxicated

6. How many times, on average, do you use hallucinogens and other drugs at the same time?

☐ Daily

☐ At least once a week

☐ At least once a month

☐ At least once a year

☐ Less than once a year

☐ Never

7. During the year that I most heavily used hallucinogens, I used it about:

☐ About the same as first year of use

☐ Somewhat more than the first year of use

☐ A lot more than the first year of use

8. This past year I used hallucinogens:
- ☐ Much less than my heaviest year of use
  - ☐ Somewhat less than my heaviest year of use
  - ☐ About the same as my heaviest year of use

9. Have you ever experienced health or psychological problems as a result of your use of hallucinogens?
- ☐ Yes
  - ☐ No

- 9a. If you *have* had health or psychological problems, did you:
- ☐ Increase your use
  - ☐ No change in use
  - ☐ Decrease your use
  - ☐ Quit your use

10. Please tell us, in your own words, why you use hallucinogens:

11. Overall, the effects of hallucinogens on my life have been:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
 0 1 2 3 4 5 6 7 8 9 10  
 Negative Positive

12. What positive effects have hallucinogens had on your life:

13. What negative effects have hallucinogens had on your life:

### USE OF OPIATES

(e.g., Heroin, Opium, Methadone, etc.)

I have never used opiates. Skip to: [ [STIMULANTS](#) ]

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try opiates?

2. Have you used opiates in the past year? ☐ Yes  
☐ No

2a. If you haven't used opiates in the past year,  
how many years has it been since you used opiates?  
*[Note: 1.5 would mean one and one-half years.]*

2b. Do you consider yourself to have permanently  
quit using opiates? ☐ Yes  
☐ No

3. When you do use opiates, how much do  
you usually use and how do you use them?

4. How many times, on average, do you use opiates?  
*[Remember, if you have not used opiates in the past  
year, what was your frequency of use?]* ☐ Daily  
☐ At least once a week  
☐ At least once a month  
☐ At least once a year  
☐ Less than once a year

5. When you do use opiates, what is the level of  
intoxication that you usually reach? ☐ Not at all intoxicated  
☐ Mildly intoxicated  
☐ Moderately intoxicated  
☐ Very intoxicated  
☐ Extremely intoxicated

6. How many times, on average, do you use opiates  
and other drugs at the same time? ☐ Daily  
☐ At least once a week  
☐ At least once a month  
☐ At least once a year  
☐ Less than once a year  
☐ Never

7. During the year that I most heavily used opiates, I used it about:
- ☐ About the same as first year of use
  - ☐ Somewhat more than the first year of use
  - ☐ A lot more than the first year of use
8. This past year I used opiates:
- ☐ Much less than my heaviest year of use
  - ☐ Somewhat less than my heaviest year of use
  - ☐ About the same as my heaviest year of use
9. Have you ever experienced health or psychological problems as a result of your use of opiates?
- ☐ Yes
  - ☐ No
- 9a. If you *have* had health or psychological problems, did you:
- ☐ Increase your use
  - ☐ No change in use
  - ☐ Decrease your use
  - ☐ Quit your use

10. Please tell us, in your own words, why you use opiates:

11. Overall, the effects of opiates on my life have been:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
 0 1 2 3 4 5 6 7 8 9 10  
 Negative Positive

12. What positive effects have opiates had on your life:

13. What negative effects have opiates had on your life:



---

### USE OF STIMULANTS

(e.g., Amphetamines, Crystal Methadrine ("Crank"), etc.)

I have never used stimulants. Skip to: [ [NEXT SECTION](#) ]

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try stimulants?

2. Have you used stimulants in the past year?

☐ Yes

☐ No

2a. If you haven't used stimulants in the past year, how many years has it been since you used stimulants?

[Note: 1.5 would mean one and one-half years.]

2b. Do you consider yourself to have permanently quit using stimulants?

☐ Yes

☐ No

3. When you do use stimulants, how much do you usually use and how do you use them?

4. How many times, on average, do you use stimulants?

[Remember, if you have not used stimulants in the past year, what was your frequency of use?]

☐ Daily

☐ At least once a week

☐ At least once a month

☐ At least once a year

☐ Less than once a year

5. When you do use stimulants, what is the level of intoxication that you usually reach?

☐ Not at all intoxicated

☐ Mildly intoxicated

☐ Moderately intoxicated

☐ Very intoxicated

☐ Extremely intoxicated

6. How many times, on average, do you use stimulants and other drugs at the same time?

☐ Daily

☐ At least once a week

☐ At least once a month

☐ At least once a year

☐ Less than once a year

☐ Never

7. During the year that I most heavily used stimulants, I used it about:

- ☐ About the same as first year of use  
☐ Somewhat more than the first year of use  
☐ A lot more than the first year of use

8. This past year I used stimulants:

- ☐ Much less than my heaviest year of use  
☐ Somewhat less than my heaviest year of use  
☐ About the same as my heaviest year of use

9. Have you ever experienced health or psychological problems as a result of your use of stimulants?

- ☐ Yes  
☐ No

9a. If you *have* had health or psychological problems, did you:

- ☐ Increase your use  
☐ No change in use  
☐ Decrease your use  
☐ Quit your use

10. Please tell us, in your own words, why you use stimulants:

11. Overall, the effects of stimulants on my life have been:

- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
 0 1 2 3 4 5 6 7 8 9 10  
 Negative Positive

12. What positive effects has stimulants had on your life:

13. What negative effects has stimulants had on your life:

SUBMIT - Press only once! This could take a minute.

---

Comments to *John B. White, Ph.D.*,  
[john.white@wku.edu](mailto:john.white@wku.edu)

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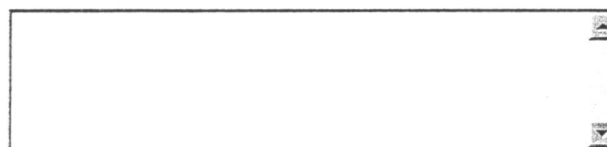


## Past Experiences

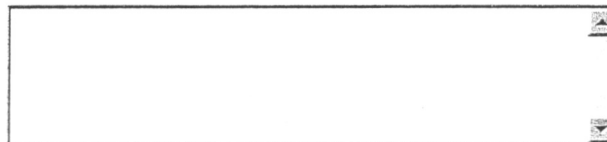
We'd like to know about any past encounters you've ever had with drug laws and enforcement. Tell us how drug use and law enforcement have affected your life.

1. Have you ever had legal problems because of your use of recreational drugs?  
☐ Yes  
☐ No
2. Have you ever been convicted of a drug-related (i.e., drug possession and/or trafficking) felony offense?  
☐ Yes  
☐ No
3. Have you ever been convicted of a non-drug (i.e., not drug possession and/or trafficking) felony offense in the United States?  
☐ Yes  
☐ No
4. Have you ever been convicted of a violent felony offense?  
☐ Yes  
☐ No

5. We would like you to briefly describe for us your problem experiences and your opinions and feelings about them.



6. Do you believe that the current drug laws and enforcement are effective in dealing with America's drug problem?



7. What models of drug policy would you support?

Please check  
all that apply.

*Harm Reduction Strategies*

(i.e., reduces health and safety risks of drug abuse; not intended to reduce drug use)

☐

*Decriminalization of marijuana*

(i.e., reduce possession of marijuana from a felony to an offense comparable to a traffic ticket)

☐

*Decriminalization of currently illicit drugs*

(i.e., reduce possession of illicit drugs from a felony to an offense comparable to a traffic ticket)

☐

*Legalization of marijuana*

(i.e., no law against possession or use of marijuana)

☐

*Legalization of all currently illicit drugs*  
(i.e., no law against possession or use of currently illicit drugs)

┐

8. Is there anything else that you would like to tell the researchers about drugs and your experiences with them?



---

### General Well Being

Now we would like to ask you some questions about how you have been feeling during the last month.

- |   |   |
|---|---|
| 1. How have you been feeling in general?<br>(During the past month)   | <input type="radio"/> In excellent spirits<br><input type="radio"/> In very good spirits<br><input type="radio"/> In good spirits<br><input type="radio"/> I have been up and down in spirits a lot<br><input type="radio"/> In low spirits mostly<br><input type="radio"/> In very low spirits   |
| 2. Have you been bothered by nervousness or your "nerves"? (During the past month)  | <input type="radio"/> Extremely so-to the point where I could not work or take care of things<br><input type="radio"/> Very much so<br><input type="radio"/> Quite a bit<br><input type="radio"/> Some--enough to bother me<br><input type="radio"/> A little<br><input type="radio"/> Not at all |
| 3. Have you been in firm control of your behavior, thoughts, emotions or feelings? (During the past month)                                    | <input type="radio"/> Yes, definitely so<br><input type="radio"/> Yes, for the most part<br><input type="radio"/> Generally so<br><input type="radio"/> Not too well<br><input type="radio"/> No, and I am somewhat disturbed<br><input type="radio"/> No, and I am very disturbed                |
| 4. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile? (During the past month) | <input type="radio"/> Extremely so -- to the point I had just about given up<br><input type="radio"/> Very much so<br><input type="radio"/> Quite a bit<br><input type="radio"/> Some -- enough to bother me<br><input type="radio"/> A little bit  |

- ☐ Not at all
5. Have you been under or felt you were under any strain, stress, or pressure? (During the past month)
- ☐ Yes--almost to the point that I have just about given up  
☐ Yes--quite a bit of pressure  
☐ Yes--some - more than usual  
☐ Yes--some - but about usual  
☐ Yes--a little  
☐ Not at all
6. How happy, satisfied, or pleased have you been with your personal life? (During the past month)
- ☐ Extremely happy - could not have been more satisfied or pleased  
☐ Very happy  
☐ Fairly happy  
☐ Satisfied--pleased  
☐ Somewhat dissatisfied  
☐ Very Dissatisfied
7. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, feel, think, or of your memory? (During the past month)
- ☐ Not at all  
☐ Only a little  
☐ Some--but not enough to be concerned or worried about  
☐ Some and I have been a little concerned  
☐ Some and I have been quite concerned  
☐ Yes, very much so and I am very concerned
8. Have you been anxious, worried, or upset? (During the past month)
- ☐ Extremely so -- to the point of being sick or almost sick  
☐ Very much so  
☐ Quite a bit  
☐ Some -- enough to bother me  
☐ A little bit  
☐ Not at all
9. Have you been waking up fresh and rested? (During the past month)
- ☐ Every day  
☐ Most every day  
☐ Fairly often  
☐ Less than half the time  
☐ Rarely  
☐ None of the time

10. Have you been bothered by any illness, bodily disorder, pains, or fears about your health? (During the past month)
- ☐ All the time
  - ☐ Most of the time
  - ☐ A good bit of the time
  - ☐ Some of the time
  - ☐ A little of the time
  - ☐ None of the time
11. Has your daily life been full of things that were interesting to you? (During the past month)
- ☐ All the time
  - ☐ Most of the time
  - ☐ A good bit of the time
  - ☐ Some of the time
  - ☐ A little of the time
  - ☐ None of the time
12. Have you felt down-hearted and blue? (During the past month)
- ☐ All the time
  - ☐ Most of the time
  - ☐ A good bit of the time
  - ☐ Some of the time
  - ☐ A little of the time
  - ☐ None of the time
13. Have you been feeling emotionally stable and sure of yourself? (During the past month)
- ☐ All the time
  - ☐ Most of the time
  - ☐ A good bit of the time
  - ☐ Some of the time
  - ☐ A little of the time
  - ☐ None of the time
14. Have you felt tired, worn out, used-up, or exhausted? (During the past month)
- ☐ All the time
  - ☐ Most of the time
  - ☐ A good bit of the time
  - ☐ Some of the time
  - ☐ A little of the time
  - ☐ None of the time

15. How concerned or worried about your HEALTH have you been? (During the past month)

0 1 2 3 4 5 6 7 8 9 10

Not at all concerned Very concerned

16. How RELAXED or TENSE have you been? (During the past month)

0 1 2 3 4 5 6 7 8 9 10

Very relaxed Very tense

17. How much ENERGY, PEP, VITALITY have you felt? (During the past month)

0 1 2 3 4 5 6 7 8 9 10

No energy at all, listless very energetic, dynamic

18. How DEPRESSED or CHEERFUL have you been? (During the past month)

0 1 2 3 4 5 6 7 8 9 10

Very depressed Very cheerful

These final two questions are not about how you feel, but are to help us understand a bit more about the mechanics of our survey, and also, how we can better target successful adults.

1. How did you find out about this survey?

2. How many minutes did it take you to complete our survey?  
[Note: 90 would mean one and one-half hours.]

SUBMIT - Press only once! This could take a minute.

Comments to John B. White, Ph.D.,  
[john.white@wku.edu](mailto:john.white@wku.edu)

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Thank You!

We really appreciate your taking the time to complete this survey. If you know someone else who is a drug user (not abuser) would you please " *turn them on* " to our study?

Again, THANKS FOR YOUR TIME!

Back to [DRUGNET](#) homepage

If you want, you may e-mail comments about this study, the questionnaire, or anything else regarding drug policy to:

Dr. Thomas Nicholson	Dr. John B. White	Dr. David F. Duncan
<a href="mailto:thomas.nicholson@wku.edu">thomas.nicholson@wku.edu</a>	<a href="mailto:john.white@wku.edu">john.white@wku.edu</a>	<a href="mailto:duncand2@westat.com">duncand2@westat.com</a>

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*Comments to John B. White, Ph.D.,*  
[john.white@wku.edu](mailto:john.white@wku.edu)

## Appendix B

### GENERAL WELL-BEING SCHEDULE (GWBS)

## GENERAL WELL-BEING SCHEDULE (GWBS)

19  
(1 of 4)

---

INSTRUCTIONS: This section of the examination contains questions about how you feel and how things have been going with you. For each question, mark (X) the answer which best applies to you.

---

1. How have you been feeling in general?  
(During the past month)

1. \_\_\_\_\_ In excellent spirits  
2. \_\_\_\_\_ In very good spirits  
3. \_\_\_\_\_ In good spirits mostly  
4. \_\_\_\_\_ I have been up and down in spirits a lot  
5. \_\_\_\_\_ In low spirits mostly  
6. \_\_\_\_\_ In very low spirits

---

2. Have you been bothered by nervousness or your "nerves"?  
(During the past month)

1. \_\_\_\_\_ Extremely so--to the point where I could not  
work or take care of things  
2. \_\_\_\_\_ Very much so  
3. \_\_\_\_\_ Quite a bit  
4. \_\_\_\_\_ Some-- enough to bother me  
5. \_\_\_\_\_ A little  
6. \_\_\_\_\_ Not at all

---

3. Have you been in firm control of your behavior, thoughts,  
emotions or feelings?  
(During the past month)

1. \_\_\_\_\_ Yes, definitely so  
2. \_\_\_\_\_ Yes, for the most part  
3. \_\_\_\_\_ Generally so  
4. \_\_\_\_\_ Not too well  
5. \_\_\_\_\_ No, and I am somewhat disturbed  
6. \_\_\_\_\_ No, and I am very disturbed

---

4. Have you felt so sad, discouraged, hopeless, or had so  
many problems that you wondered if anything was  
worthwhile?  
(During the past month)

1. \_\_\_\_\_ Extremely so--to the point that I have just  
about given up  
2. \_\_\_\_\_ Very much so  
3. \_\_\_\_\_ Quite a bit  
4. \_\_\_\_\_ Some--enough to bother me  
5. \_\_\_\_\_ A little bit  
6. \_\_\_\_\_ Not at all



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(2 of 4)

- 
5. Have you been under or felt you were under any strain, stress, or pressure?  
(During the past month)

1. \_\_\_\_\_ Yes--almost to the point that I have just about given up  
2. \_\_\_\_\_ Yes--quite a bit of pressure  
3. \_\_\_\_\_ Yes--some - more than usual  
4. \_\_\_\_\_ Yes--some - but about usual  
5. \_\_\_\_\_ Yes - a little  
6. \_\_\_\_\_ Not at all

- 
6. How happy, satisfied, or pleased have you been with your personal life?  
(During the past month)

1. \_\_\_\_\_ Extremely happy - could not have been more satisfied or pleased  
2. \_\_\_\_\_ Very happy  
3. \_\_\_\_\_ Fairly happy  
4. \_\_\_\_\_ Satisfied--pleased  
5. \_\_\_\_\_ Somewhat dissatisfied  
6. \_\_\_\_\_ Very dissatisfied

- 
7. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, feel, think, or of your memory?  
(During the past month)

1. \_\_\_\_\_ Not at all  
2. \_\_\_\_\_ Only a little  
3. \_\_\_\_\_ Some--but not enough to be concerned or worried about  
4. \_\_\_\_\_ Some and I have been a little concerned  
5. \_\_\_\_\_ Some and I am quite concerned  
6. \_\_\_\_\_ Yes, very much so and I am very concerned

- 
8. Have you been anxious, worried, or upset?  
(During the past month)

1. \_\_\_\_\_ Extremely so--to the point of being sick or almost sick  
2. \_\_\_\_\_ Very much so  
3. \_\_\_\_\_ Quite a bit  
4. \_\_\_\_\_ Some--enough to bother me  
5. \_\_\_\_\_ A little bit  
6. \_\_\_\_\_ Not at all

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(3 of 4)

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9. Have you been waking up fresh and rested?  
(During the past month)

- 1. \_\_\_\_\_ Every day
- 2. \_\_\_\_\_ Most every day
- 3. \_\_\_\_\_ Fairly often
- 4. \_\_\_\_\_ Less than half the time
- 5. \_\_\_\_\_ Rarely
- 6. \_\_\_\_\_ None of the time

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10. Have you been bothered by any illness, bodily disorder, pains, or fears about your health?  
(During the past month)

- 1. \_\_\_\_\_ All the time
- 2. \_\_\_\_\_ Most of the time
- 3. \_\_\_\_\_ A good bit of the time
- 4. \_\_\_\_\_ Some of the time
- 5. \_\_\_\_\_ A little of the time
- 6. \_\_\_\_\_ None of the time

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11. Has your daily life been full of things that were interesting to you?  
(During the past month)

- 1. \_\_\_\_\_ All the time
- 2. \_\_\_\_\_ Most of the time
- 3. \_\_\_\_\_ A good bit of the time
- 4. \_\_\_\_\_ Some of the time
- 5. \_\_\_\_\_ A little of the time
- 6. \_\_\_\_\_ None of the time

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12. Have you felt down-hearted and blue?  
(During the past month)

- 1. \_\_\_\_\_ All the time
- 2. \_\_\_\_\_ Most of the time
- 3. \_\_\_\_\_ A good bit of the time
- 4. \_\_\_\_\_ Some of the time
- 5. \_\_\_\_\_ A little of the time
- 6. \_\_\_\_\_ None of the time

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13. Have you been feeling emotionally stable and sure of yourself? (During the past month)

- 1. \_\_\_\_\_ All the time
- 2. \_\_\_\_\_ Most of the time
- 3. \_\_\_\_\_ A good bit of the time
- 4. \_\_\_\_\_ Some of the time
- 5. \_\_\_\_\_ A little of the time
- 6. \_\_\_\_\_ None of the time

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(4 of 4)

14. Have you felt tired, worn out, used-up, or exhausted?  
(During the past month)

1. \_\_\_\_\_ All the time  
2. \_\_\_\_\_ Most of the time  
3. \_\_\_\_\_ A good bit of the time  
4. \_\_\_\_\_ Some of the time  
5. \_\_\_\_\_ A little of the time  
6. \_\_\_\_\_ None of the time

INSTRUCTIONS: For each of the four scales below, note that the words at each end of the 0 to 10 scale describe opposite feelings. Circle any number along the bar which seems closest to how you have generally felt DURING THE PAST MONTH.

15. How concerned or worried about your HEALTH have you been?  
(During the past month)

0	1	2	3	4	5	6	7	8	9	10
Not concerned at all					Very concerned					

16. How RELAXED or TENSE have you been?  
(During the past month)

0	1	2	3	4	5	6	7	8	9	10
Very relaxed					Very tense					

17. How much ENERGY, PEP, VITALITY have you felt?  
(During the past month)

0	1	2	3	4	5	6	7	8	9	10
No energy AT ALL. listless					Very ENERGETIC dynamic					

18. How DEPRESSED or CHEERFUL have you been?  
(During the past month)

0	1	2	3	4	5	6	7	8	9	10
Very depressed					Very cheerful					

## Bibliography

Duncan, D. & Gold, R. (1982). Drugs and the Whole Person. New York: MacMillan.

Fazio, A.F. (1977). A concurrent validation study fo the NCHS/ gneral well-being schedule. (DHEW Publication no. (HRA) 78-1347). Hyattssville, Md.: U.S.

Government Printing Office.

Find/SVP, Inc. (1996). American Internet User Survey. [On-line]. Available at:  
<http://Find/SVP.com>.

Finnegan, Loretta P. (1998). Drug Addiction Research and the Health of Women. Drug Addiction Research and the Health of Women. (NIH Publication No.98-4290), (pp.1-4).

National Institute on Drug Abuse: Rockville, Maryland.

Glantz, M. (1992). A developmental psychopathology model of drug abuse vulnerability. In Vulnerability of Drug Abuse. (Glantz, M. & Pickens, R., Eds), pp. 389-418. American Psychological Association. Washington, D.C.

Greenleaf, Vicki D. (1989). Women and Cocaine. RGA Publishing Group, Inc.: Los Angeles, California.

Horton, Jacqueline A., (Ed.), (1992). Addictive Behaviors. The Women's Health Data Book. The Jacobs Institute of Women's Health: Washington, D.C.

Irwin, S. (1973). A Rational Approach to Drug Abuse Prevention. Contemporary Drug Problems, Vol. 2, (43) 3-46.

Kandall, Stephen. (1998). Women and Addiction in the United States--1920 to the Present. Drug Addiction Research and the Health of Women. (NIH Publication No. 98-4290), (pp. 53-80). National Institute on Drug Abuse: Rockville, Maryland.

Kobak, K.A.; Taylor, L.H.; Dottl, S.L.; Griest, J.H.; Jefferson, J.W.; Burroughs, D.; Mantle, J.M.; Katzelnich, D.J.; Hoston, R.; Henk, H.J. & Serlin, R.C. (1997). A computer administered telephone interview to identify mental disorders. Journal of the American Medical Association 278 (11): 905-10.

Merriam-Webster Thesaurus. (1978). Pocket Books, a division of Simon & Schuster, Inc.; New York, NY.

National Institute on Drug Abuse. (1991). National household survey on drug abuse: population estimates. [DHHS Pub. No. {ADM} 92-1887]. Washington, D.C.: Alcohol, Drug Abuse and Mental Health Administration, 1991:19.

National Institute of Drug Abuse. (1994). Women and Drug Abuse. Pamphlet No. 94-3732, Rockville, Md.: Department of Health and Human Services.

National Institute on Drug Abuse. (1999). INFOFAX: Pregnancy and Drug Use Trends. [On-line]. Available at: <http://www.nida.nih.gov/Infofax/pregnancytrends.html>.

National Institute on Drug Abuse. (1999). INFOFAX: Treatment Methods for Women. [On-line]. Available at: <http://www.nida.nih.gov/Infofax/treatwomen.html>.

National Institute on Drug Abuse. (2000). Recent Advances in Gender-Based Drug Abuse Research. Society for Women's Health Research. [On-line]. Available at: <http://www.womens-health.org/resstat/nihnida.htm>.

Nicholson, Thomas; White, John & Duncan, David. (1999). A Survey of Adult Recreational Drug Use Via the World Wide Web: The DRUGNET Study. Journal of Psychoactive Drugs. Vol. 31, (8), 415-422.

Norris, Mikki; Conrad, Chris & Resner, Virginia. (1998). Shattered Lives: Portraits from America's Drug War. Creative Xpressions: El Cerrito, California.

Pinn, Vivian W. (1998). Role of the Office of Research on Women's Health. Drug Addiction Research and the Health of Women. (NIH Publication No. 98-4290), (pp. 5-12). National Institute on Drug Abuse: Rockville, Maryland.

Schnoll, Sidney H. & Weaver, Michael F. (1998). Pharmacology: Gender-Specific Considerations in the Use of Psychoactive Medications. Drug Addiction Research and the Health of Women. (NIH Publication No. 98-4290), (pp.223-228). National Institute on Drug Abuse: Rockville, Maryland.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (1996). Preliminary Estimates From the 1995 National Household Survey on Drug Abuse. Rockville, MD, the Administration.

Substance Abuse and Mental Health Services Administration. (1999). Chapter 2. National Estimates of Substance Use. [On-line]. Available at:  
<http://www.samhsa.gov/oas/NHSDA/1999/Chapter2.htm>

Turner, C.F.; Lesser, J.T. & Gfroerer, J.C.; (1992). Future directions for research and practice. In: C.F. Turner, J.T. Lesser & J.C. Gfroerer (Eds.) Survey Measurement of Drug Use: Methodological Studies. DHHS Publication No. (ADM) 92-1929.

Washington, D.C.; U.S. Government Printing Office.

United States Bureau of the Census (USBC). (1995). Statistical Abstract of the United States: 1995. (115th Edition). Lanham, Maryland: Bernan Press.

Webster's Third New International Dictionary. (1986). Vol. 3, Encyclopaedia Britannica,

Inc., U.S.A.

Wilson, Richard & Kolander, Cheryl. (1997). Drug Abuse Prevention: A School and Community Partnership. Addison Wesley Educational Publisher Inc.: U.S.A.

World Health Organization. (1947). Chronicle of the World Health Organization, 1.  
Constitution of the World Health Organization.